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ABSTRACT

The purpose of this trainer's manual is to teach drug abuse counselors: (1) the kinds of background information needed to assess a client; (2) how to interview clients to obtain the necessary information; (3) how to write up a case history; and (4) how to design individualized treatments. This trainer's manual is organized into three major chapters and appendices. The first chapter contains an introduction to the course and describes its purpose. It presents the course goals and objectives, alternate course schedulings, a brief course overview, and a summary evaluation report of the field trials. The second chapter includes training tips that may be valuable to both experienced and inexperienced trainers--tips found in this chapter are fairly general and may be applied to other training activities as well as to the specific training of the AITP. The third chapter contains trainer guidelines--a session-by-session account of the mechanics, logistics and techniques to be used in this course. The appendices contain suggestions on alternative methods of evaluating course effectiveness as well as guidelines on how to administer the pretests and posttests of the course. Handouts for the trainees, which the trainer may photocopy for distribution during certain training activities, are included. This section also includes a bibliography and a reference list. (Author)

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Assessment Interviewing for Treatment Planning

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Trainer Manual

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COURSE DESCRIPTION

PURPOSE

To teach counselors:

- The background and psychological information needed to assess a client
- To interview clients in order to get the information
- To write a case history based on the information
- To design individualized treatment plans

AUDIENCE

Treatment counselors in drug abuse treatment programs

NUMBER OF TRAINEES

Recommended optimum training audience size: 18; maximum 24

CONTENT

- The *Assessment Interviewing Guide* is divided into the "4Rs": (a) Readiness, which assesses the client's reasons for being in treatment and expectations thereof; (b) Relationships, which assesses the client's relations with family, peers, and members of the same and opposite sex; (c) Rationality, which permits gross judgments regarding psychopathology, suicidal potential, and potential for violence; (d) Resources, which assesses the client's resources on which treatment can build.
- *Interviewing Skills* distinguishes interviewing from counseling and describes the components of a successful interview.
- *The Case History* presents a standard format for recording information gained from the assessment interview.
- *Treatment Planning* describes reasons for gathering the information, recording a case history, and planning a reasoned course of treatment for each patient.
- *Confidentiality* examines an overview of the issues to note to preserve a confidential relationship with the client and to maintain records.
- *Psychometric Tests* is an overview of personality, vocational, and intelligence tests that may be helpful for additional assessment information.

Assessment Interviewing for Treatment Planning

TRAINER'S MANUAL

by

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CG013700

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ORGANIZATION OF THE TRAINER'S MANUAL

This trainer's manual is organized into three major chapters and appendices. The first chapter contains an introduction to the course and describes its purpose. It presents the course goals and objectives, alternate course schedulings, a brief course overview, and a summary evaluation report of the field trials. In the second chapter the authors have included training tips that may be valuable to both experienced and inexperienced trainers. The tips found in this chapter are fairly general, and may be applied to other training activities as well as to the specific training of the AITP. The third chapter contains trainer guidelines—a session by session account of the mechanics, logistics and techniques to be used in this course. The appendices contain suggestions on alternative methods of evaluating course effectiveness as well as guidelines on how to administer the pretests and posttests of the course. Handouts for the trainees, which the trainer may photocopy for distribution during certain training activities, are included. This section also includes a bibliography and a reference list.

Trainers who meet the trainer qualifications described in the introduction, and who read and master the content of the Trainee's Manual, should have little trouble in meeting the training objectives of this course.

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CHAPTER ONE
COURSE OVERVIEW

CHAPTER ONE
COURSE OVERVIEW

PURPOSE

Federal funding criteria for drug treatment programs require that individualized treatment plans be specified for all clients. To assist programs in meeting this requirement, the **Assessment Interviewing for Treatment Planning Course** has been developed to train counselors in the use of a focused, well-organized interview that will facilitate gathering the information needed to develop a treatment plan. For the purposes of this course, it is assumed that assessment interviewing for treatment planning is *not* an intake process. Rather, it is conducted after intake as part of the client's initial involvement in the treatment process.

INTENDED AUDIENCE

The course is intended for counselors who are involved in the treatment process, who participate in treatment planning as members of a treatment team, and who need to develop the skills specified in the course objectives. There are no minimum skill requirements.

COURSE GOALS

The course is designed to train counselors to—

- understand and value the relevance of assessment interviewing to the process of individualized treatment planning;
- acquire counseling skills in the area of focused interviewing;
- interview clients regarding their readiness for treatment, their interpersonal relationships with others, their rationality, and the personal resources they bring to the treatment process;
- make gross clinical judgments of clients who may need additional psychiatric or other referral services;
- organize the information obtained from the interview in a meaningful manner so that the counselor may present the information to treatment planning boards or mental health consultants;
- understand and conceptualize treatment as a dynamic process; and
- assist in the development of treatment plans.

MAJOR SUBJECT AREAS

The course is divided into six major subject areas with subdivisions as indicated below.

1. *Assessment Interviewing Guide (AIG).* This component provides the foundation for all other learning activities in the course. It focuses on four areas that give the counselor the information needed to make an adequate assessment of the client's needs. In addition, it presents guidelines for assessing the client's strengths and weaknesses that may either inhibit or enhance the treatment process. Presentations in this content area alternate with interviewing skills practice. The four content areas are as follows:

a. *Readiness* explores the reasons a client seeks treatment, his expectations on entering treatment, and how his readiness relates to treatment recommendations.

b. *Relationships* considers the client's relationships with individuals and groups and the implications these relationships have for treatment.

c. *Rationality* takes into account the client's mental status in an effort to uncover information on which gross judgments can be made regarding psychopathology, suicide potential, and the potential for violence.

d. *Resources* treats the client's strengths and assets as a basis for planning treatment.

2. *Interviewing Skills.* This section offers the counselor instruction and practice in the specialized requirements of interviewing, and is interwoven with the *Assessment Interviewing Guide.* The rationale for the AIG is followed by interviewing skills practice.

3. *The Case History.* The third component of the curriculum deals with organizing and recording information gained in the assessment interview.

4. *Treatment Planning.* This component focuses on the organization and development of a treatment plan based on the information obtained during the assessment interview.

5. *Confidentiality.* Legal, ethical and therapeutic issues implicit in assessment interviewing are discussed in this section.

6. *Psychometric Testing.* This last section gives an overview of vocational, personality, and intelligence tests that the counselor may need to understand to obtain additional assessment information.

TRAINING OBJECTIVES

Following are training objectives for each of the six subject areas.

1. *The Assestment Interviewing Guide.* By the end of this course, each participant will be able to—

   a. identify at least four psychological concepts described in the overall rationale and introduction to the *Assessment Interviewing Guide* (AIG);

   b. list the four major content areas of the AIG;

   c. identify at least two psychological concepts described in the rationale sections for each of the four major content areas of the AIG; and

   d. identify at least two subareas within each major content area.

2. *Interviewing Skills.* In a simulated assessment interview, the participant should be able to—

   a. introduce the purpose and focus of the interview;

   b. structure the interview around the four content areas outlined in the interviewing guide;

   c. inquire about at least two subareas within each content area;

   d. phrase questions and responses that are consistent with the principles described in the *Interviewing Skills* section of the training manual; and

   e. given either an audiotaped vignette or a transcript of an assessment interview, discriminate between effective and noneffective interviewer responses as described in the *Interviewing Skills* section of the training manual.

3. *The Case History.* By the end of training, each participant will be able to list the eight major elements considered necessary for a case history presentation.
4. *Treatment Planning.* By the end of training, each participant will be able to—
   a. identify the purpose of treatment planning;
   b. identify the personnel recommended for a treatment planning board (case conference or staffing a case);
   c. identify the expected results of a treatment planning board; and
   d. identify the counselor's role in treatment planning.
5. *Confidentiality.* By the end of training, each participant will be able to identify the counselor's role and responsibilities in maintaining the confidentiality of client records.
6. *Psychometric Tests.* By the end of training, each participant will be able to identify, from a list of commonly standardized psychometric tests, those that are projective personality tests, written psychodiagnostic tests, and those designed for educational or vocational planning.

TRAINER QUALIFICATIONS

The small-group interactions must be conducted by a training team with a trainer-trainee ratio of one to six; eighteen is the recommended training group size. As a group, the training team should have the following skills and characteristics (each member need not have all):

- Successful experience as a counselor with drug abusing clients (the experience should be in both individual and group counseling)
- Successful experience as a counselor-trainer or counselor-supervisor
- Training and/or experience in psychological assessment and psychological diagnostics
- Successful experience in developing case histories and treatment planning
- Successful experience in small-group dynamics

COURSE SCHEDULE

TIME	ACTIVITY	GROUP SIZE
3½ hours	**SESSION 1: COURSE INTRODUCTION**	
(90 minutes)	I. Introduction to training	Large
(70 minutes)	II. Introduction to assessment interviewing for treatment planning	Large
(50 minutes)	III. Overview of interviewing skills	Large
3½ hours	**SESSION 2: INTRODUCING THE INTERVIEW AND CLIENT READINESS**	
(1 hour)	I. Concept building	Large
(2 hours)	II. Skill development	Small
(30 minutes)	III. Integration of learning	Large
3½ hours	**SESSION 3: DEVELOPING THE INTERVIEW AND CLIENT RELATIONSHIPS**	
(1 hour, 10 minutes)	I. Concept building	Large
(1 hour, 50 minutes)	II. Skill development	Small
(30 minutes)	III. Integration of learning	Large
3½ hours	**SESSION 4: THE INTERVIEWER—A CLOSER LOOK AND CLIENT RATIONALITY**	
(1 hour)	I. Concept building	Large
(2 hours)	II. Skill development	Small
(30 minutes)	III. Integration of learning	Large
3½ hours	**SESSION 5: TERMINATING THE INTERVIEW AND CLIENT RESOURCES**	
(1 hour)	I. Concept building	Large
(2 hours)	II. Skill development	Small
(30 minutes)	III. Integration of learning	Large
3½ hours	**SESSION 6: THE CASE HISTORY AND TREATMENT PLANNING**	
(30 minutes)	I. Concept building	Large
(2 hours, 30 minutes)	II. Skills development	Small
(30 minutes)	III. Integration of learning	Large
3½ hours	**SESSION 7: CONFIDENTIALITY AND PSYCHOMETRIC TESTS**	
(2 hours, 10 minutes)	I. Concept building	Large
(1 hour, 20 minutes)	II. Integration of learning	Large

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Alternative Scheduling

The course consists of seven sessions of 3 1/2 hours each, and may be offered in a variety of formats depending on the needs of the training population. Whatever schedule is selected, the sequence of events must be maintained. Care should be taken to ensure that trainees have ample time to begin reading course materials before Session 2. Listed below are three possible training schedules:

A. **3½-Day Intensive Training**

Day 1	Session 1	Afternoon
Day 2	Session 2	Morning
	Session 3	Afternoon
Day 3	Session 4	Morning
	Session 5	Afternoon
Day 4	Session 6	Morning
	Session 7	Afternoon

B. **Three Consecutive Saturdays with One Evening Session**
Appropriate for individuals who find it difficult to attend training during regular work hours

Day 1	Session 1	Friday Evening
Day 2	Session 2	Saturday Morning
	Session 3	Saturday Afternoon
Day 3	Session 4	Saturday Morning
	Session 5	Saturday Afternoon
Day 4	Session 6	Saturday Morning
	Session 7	Saturday Afternoon

If this format is chosen and pre-posttesting is not desired, trainee notebooks should be mailed to participants before the first session.

C. **Seven Weekly Sessions**
May be most appropriate for in-service training. One morning or afternoon would be set aside each week for training, and one session would be covered each week.

LEARNING ACTIVITIES

The course combines independent study with lectures, video-audiotaped demonstrations, interviewing simulations, and small- and large-group discussions. The activities are described in more detail in the *Trainer Tips* section that follows.

COURSE MATERIALS

Trainer's Manual: Contains course background information and guidelines for course delivery

Trainee's Manual: Contains exercises and assigned reading material on major topics

Trainee Handouts: Worksheets and feedback forms

Videotape (or Audiotape): Demonstration of interviewing skills

Evaluation Instruments: Pre- and posttests and guidelines for test administration and scoring

EVALUATION

Short Term

The formative evaluation of this course was conducted in three stages, each of which contributed to the text and training design as it now appears. The first stage of evaluation consisted of an ongoing internal review of the course material and training design through its developmental phases. The internal review team was composed of members of the NDAC staff. The second review phase consisted of an external review team composed of experts outside of NDAC and known for their expertise in treatment and the training of counselors. The review teams' members and other contributors are mentioned in the acknowledgements section. Each of these review processes resulted in minor and sometimes major revisions to the course before field trial.

The final stage of revision, then, was a field trial of the course with trainees representative of those for whom the course was designed. It was presented under conditions that were characteristic of those under which the course would normally be delivered. Two field trials were conducted—one in Jacksonville, Florida, and the second in Newark, Delaware. The field trials were a cooperative venture between the training support programs of the respective states and the NDAC. Trainees were recruited locally at each site by the state training coordinator. There were eighteen trainees and three trainers at each site, following the recommendations for trainer-trainee ratio that appear in this manual. Two of the three trainers at each site were counselor supervisors of local programs. The third trainer in each case was a trainer from NDAC who was not involved in the course development. Each training team had trainers with the qualifications recommended on page 00 of this manual. Training teams were briefed before the field trials, which were conducted using the trainer tips and training guidelines presented in the following chapters.

Of the thirty-six trainees who participated in the field trials, twenty-four were white, ten Black, and two Latino. Their average age was 28 years; twenty-one were male, fifteen female; eleven had some college while twenty-two had a bachelor's degree or better; all but five were counselors or involved in direct client services; and the average length of time in their present job was 1.22 years. While this was not a "true random sample," there is no reason to believe that the trainees did not represent drug abuse counselors as a whole.

Parallel pre- and posttests of 62 items each were constructed to measure learning as a result of the course. The tests were related specifically to the training objectives and were designed to measure recall, interpretation, and application of knowledge.* The average pretest score was 56 percent and the average posttest score was 71 percent, yielding an average learning gain of 15 percent. Statistical significance ($p < .05$) was obtained using correlated t-tests.

In addition to the objective tests, subjective measures were developed to obtain the participant's feedback from each session. Using a Likert-type scale of 1 through 5 (where 1 was poor and 5 was excellent), participants were asked to rate various aspects of each session. They were also asked to comment freely on what they believed to be the most and least valuable aspect of each session. The Likert-type ratings yielded average scores of 4.1. Participants typically reported that they liked the small-group sessions most and the mini-lectures least.

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* A more detailed discussion of the test development and statistical analyses appear in the Appendix before the pre- and posttests.

FOLLOW-UP

To determine whether the training had any impact on the actual practices of counselors who had completed the course, follow-up interviews were conducted in Florida seven weeks after completion of the course and in Delaware four and one-half months after completion of the course. The counselors were asked the following seven questions:

1. Have you used the training manual since completing the course?
2. Would you rank and comment on the relative value of each of the "4 Rs" in your own work?
3. How did the course change the way you conceptualize your own tasks?
4. How much interview time do you need to understand a client in terms of the "4 Rs?"
5. How do clients react to such an interview?
6. How has the course changed the way you write up a treatment plan?
7. Would you recommend the course to others?

Some have used the manual extensively since completing the course; others have not. The major factor explaining the difference seems less related to the individuals than to the procedures and regulations of the agencies in which they work. Some counselors felt that their agencies would not permit the use of the ideas and approaches advocated in the course.

In those agencies where the AIG is being used extensively, counselors report that its greatest strengths lie in the following areas:

1. It provides the counselors with more complete, more usable, and more uniform information than other approaches.
2. It enhances client cooperativeness by giving clients a more active role in the treatment planning process. Hence, there are fewer "misses" and the "split rate" has been reduced.
3. In some cases, it has reduced staff "burn-out" because counselors can concentrate on collecting information and not on solving the client's problems right away.
4. It is structured enough to meet the needs of the clients, yet flexible enough to be used by counselors with different interviewing styles.

Although the skills taught appear suitable for both experienced and inexperienced counselors, these groups view the course differently. Experienced counselors are most impressed by the "4 Rs" as an organizational concept for the interview process, noting that the "4 Rs" provide an overall strategy that is both useful and feasible. Less experienced counselors were more interested in the technical characteristics of a good interview question and in learning to ask questions that meet these requirements.

With respect to the relative value of each of the "4 Rs" in collecting useful information, opinions vary considerably depending on the program, its client population, and its goals. For example, Relationships was cited as most important in adolescent programs, whereas Resources was seen as most important in programs with large vocational rehabilitation components.

Although several counselors suggested that the sections on psychological testing and confidentiality be deleted, the majority of the individuals interviewed agreed that these sections had helped increase their sensitivity to the issues and recommended that they be retained.

All individuals interviewed agree emphatically that they would recommend the course "highly" to others. In at least one agency, all counselors are being trained to use the AIG.

As with most courses, some individuals have reported difficulties in implementing the approaches advocated by AITP in their own jobs because of conflicting program policies. Although the course is intended to facilitate individual development and not to effect organizational change, it has had an impact on both the individuals who have completed training and, in some cases, on the programs in which they work.

Trainee performance, comments by trainers and trainees, and observations made by the course developers resulted in minor modifications to the course after field trial. The course as it now appears is a result of rigorous evaluation procedures.

CHAPTER TWO
TRAINER TIPS

TRAINER TIPS

INTRODUCTION

This section presents concepts and suggestions that are basic to the delivery of the AITP course. These tips form a foundation that will help you implement the specific *Guidelines* provided for each session.

The trainer—and training team—may decide to use all of these suggestions, or may find that only some of them are useful. It is likely that after delivering the course, trainers will add suggestions of their own. If the trainer is presenting the course for the first time, it is recommended that he closely follow the *Trainer Tips* and *Guidelines*. In this way, he will benefit from the experience of those who have presented this course and those who have trained similar courses.

The *Trainer Tips* are organized as follows:

LOGISTICS

- Considerations for Large Groups
- Considerations for Small Groups
- Training Spate and Environmental Qualities

TRAINING AIDS

TRAINEE'S MANUAL

- Flip Charts
- Videotapes
- Handouts

THE TRAINING TEAM

- Staff Roles
- Staff Interaction

THE THREE MAJOR LEARNING ACTIVITIES

- Large Group/Concept Building
- Small-Group Practice/Skill Development
- Integration of Material Learned

LOGISTICS

These tips are "nitty-gritty" considerations for arranging the trainees in groups, organizing training space, and controlling the environment so that it is conducive to training.

Considerations for Large Group

The *Guidelines* are written with the assumption that the total group will consist of eighteen participants. Recognizing that group size may vary, it is recommended that the total group contain no less than four and no more than twenty-four participants. Going beyond this range in either direction will likely result in sacrificing the course objectives, training methodology, and the extent to which participants enjoy the course.

The group composition will vary depending upon whether the training is in-service or includes trainees from different treatment projects. Both arrangements have advantages and disadvantages.

The in-service mode (in which participants all come from the same program) is effective because the impact on the total program is likely to be greater. The disadvantage is that when participants are all co-workers, previous history and interpersonal dynamics may negatively affect the processes that are necessary when new skills are being learned.

On the other hand, if trainees are a heterogeneous group from different programs, support from and impact on individual programs may be lessened, but the range of experiences and backgrounds brought to the group is likely to enhance the training process.

However the training is conducted, it is imperative that *all* participants (trainers and trainees) be freed from the regular work routine. That is, no one should be available for telephone messages, meetings, or other normal work activities.

To the extent that the organizers of the training program have choices in group composition, an attempt should be made to balance the conference group with respect to age, sex, race, religion, and socioeconomic backgrounds.

Considerations for Small Groups

Small-group process generally works best if the group's composition is structured by the trainer rather than left to random arrangements. When possible (and appropriate), take advantage of these tips:

- Obtain a mix in terms of age, sex, race, etc.
- Separate good friends, lovers, spouses.
- Separate persons known to be enemies or to be in severe conflict with one another.
- Separate supervisors from the persons they supervise.
- Obtain a mix of persons who appear to have varying degrees of skills in areas related to the course objectives.
- Use any other information you may have to put together a small group that is likely to support the learning process.

If information about the participants is available to the trainers, some of this planning may take place before training. Selection of participants for small groups may also be based on the information gathered and dynamics observed during the first large-group session.

Training Space and Environmental Qualities

Small-Group Size

Six is the ideal number of participants for each small group. Many of the small-group exercises require trainees to be arranged in dyads and triads. If the group contains more or less than six people, the trainer must be creative about these groupings. If this becomes necessary, you might—

- become a member of a dyad or triad;
- use an "extra" trainee in a group and rearrange the exercise so your numbers work and so maximum learning can occur.

Training Environment

For a group of 18 trainees, you will need one large-group meeting room and three smaller rooms. (The large-group room may also be used as a break-out room.) A good training environment should include—

- adequate lighting and electrical outlets;
- adequate heating and ventilation;
- adequate noise control and privacy *especially for small group work;*
- adequate seating *(chairs, pillows, carpeted floor);*
- provision for desks or tables for participants who want a writing surface *(Caution: these tend to make the training environment more formal.);*
- convenient access to water, coffee, and refreshments during the break periods.

Since the staff and trainees will be spending many hours together, the training rooms should be as comfortable and well-organized as possible.

Room arrangements ought not to be taken for granted. The positioning of chairs should allow for easy exit and entrance. Participants should have an unobstructed view of all visual presentations. When more than one trainer is in the room, they should make an effort to sit in various parts of the room. A circular seating arrangement is usually the most appropriate, especially in the small groups.

TRAINING AIDS

A number of training materials are essential to the total training process; these include the Trainee's Manual, flip charts, videotapes, and participant handouts.

Trainee's Manual

The Trainee's Manual contains the basic didactic material; it is a reference book and supplemental teaching aid for both trainees and trainers. Trainers must be thoroughly familiar with the manual so that they may use it efficiently during training.

The manual is an integral part of the course. Trainees will be asked to complete reading assignments and will use the manual during several exercises. You should encourage participants to use the manual extensively to complement the other training activities. Trainees should be urged to complete reading assignments, make notes in margins, and refer to the manual for clarification or review.

Flip Charts

Flip charts help organize and clarify information. They provide trainees with a visual outline of the course content; information that is both seen and heard is more easily retained. Some hints for the effective use of flip charts:

- Prepare them in advance when you are presenting a lecture.
- Use them to record points made (by trainees) during a discussion or brainstorming session.
- Use them to reinforce or clarify a teaching point.
- Make sure the charts are visible to all participants. (Remember not to stand in front of them!)
- Write legibly.
- Be creative: Use color and print variation if time and resources allow; leave areas to be completed by trainees' input, etc.
- Remember to watch participants and *not* the charts when you are using them as a guide to a presentation.
- Use brief phrases, single words, diagrams, or outlines; cluttered flip charts are less effective than clear, simple ones.

Suggested flip chart outlines are given in the *Guidelines* for each lecture/discussion and for each exercise where a flip chart might be useful. The trainer may modify, delete, or add flip chart material according to his judgment and personal style.

Videotapes

The AITP course contains four videotapes (7-8 minutes each) that show portions of an assessment interview. Each videotape demonstrates a portion of one of the "4 Rs" and one component of the interviewing skills and techniques being emphasized. The assessment interview presented on the videotapes is the same one used for developing the case history and treatment plan. Therefore, the client on the tape becomes every trainee's client.

The person being interviewed on the tapes is recreating a situation that actually occurred with a real client, and the interviewer is an experienced counselor. However, the videotapes are not meant to be examples of perfect or ideal interactions.

The videotapes bring to life portions of the AIG and dramatize associated interviewing skills and techniques; they are also intended to stimulate discussion and clarify concepts presented in the course. They are a model of one way to approach the interview. Your task is to use the videotapes to facilitate learning through carefully guided discussions. Viewing and discussing the videotapes (in conjunction with presentations prior to viewing) form the basis for integrating skills and practicing the use of the AIG in the small-group sessions.

Although the points being made are different for each tape, certain strategies will be useful each time the tapes are used. Here are some helpful hints.

Before viewing

1. Make sure equipment is set up and in good working order.
2. Briefly describe what is about to happen.
   a. Videotape length *(Emphasize that it is only a brief excerpt from a longer interaction.)*
   b. Videotape subject/focus: *AIG and* Interviewing Skills *content areas*
   c. Purpose of viewing *(reminder that this will be the client used for developing the case history and treatment plan)*
3. Describe what the trainees should do while viewing.
   a. Take notes on information gathered about the client. *This may be optional if you feel it will inhibit viewing.*
   b. Be ready to discuss:
      1) Information gathered about the client during the interview
      2) Questions related to AIG content area
      3) Interviewing skills and techniques
      4) Techniques employed that seemed ineffective

   List these tasks on flip chart if it will be helpful.

Total time to explain the above should not be more than three minutes.

After viewing

1. Give trainees a few seconds to collect their thoughts before beginning the discussion.
   a. Try to focus first on positive components of the interview.
   b. Focus next on negative (ineffective) components.
   c. Then focus on questions and clarification of the interview process.

      See Guidelines *for discussion questions specific to each session*
2. Summarize discussion in relation to tasks listed above.
3. Prepare group for next exercise.

Handouts

Each small-group exercise includes handouts that are not reproduced in the Trainee's Manual. These supplement the session by providing additional information or guidelines for feedback. Specific instructions for using the handouts are given in the *Guidelines* section, but some general hints that may be helpful are given here:

- Prepare enough copies for each exercise in advance. *A few extra copies may also come in handy.*
- Briefly explain the purpose of each handout before distributing it to trainees.
- Allow trainees enough time to read the handout.
- Give instructions for completing and using the handout—when and how it is to be used.
- Answer questions; clarify points.

THE TRAINING TEAM*

This section discusses the roles and tasks that must be assumed or performed by the trainer and gives suggestions for how the training team might operate.

Staff Roles

The recommended staffing pattern for this course is one trainer for every six trainees. One supervisor-floater should be available for every three trainers.

Trainer Role

The trainers are the backbone of the course. It is their responsibility to translate the concepts and techniques described in the training materials into increased knowledge and skills on the part of the trainees. Ideally, the training team should collectively possess both the training and counseling skills necessary to deliver the AITP course (see Training Team Requirements). Although the skills of the trainers are most important, it is also wise to attempt to reflect a balance of age, sex, race, and experience that will harmonize with the trainee population. Each trainer is responsible for—

- having a thorough understanding of the course schedule and his responsibilities therein;
- being on time and prepared for all sessions;
- facilitating small-group practice sessions;
- facilitating large-group lectures and guided discussion sessions;
- facilitating large-group summary and linkage sessions;
- attending all trainers' meetings;
- operating videotape equipment (at least one trainer must have this skill).

Supervisor-Floater Role

It is recommended, but not essential, that when the total group contains eighteen or more participants, a supervisor-floater be a member of the training team. This person acts as a resource to the *trainers* (not to the participants). The advantage to having a supervisor-floater is that he is able to give objective feedback to the trainers on their delivery of the course. The floater can assess the group climate and help trainers compare their small-group progress with that of the group as a whole. The floater can act as a back-up trainer, be a supplementary resource, fill in groups that are too small for the exercises, or perform other emergency services.

This individual's role is *not* to evaluate trainee performance, except as it relates to process observation of problem areas and trainer-trainee relationships. The floater is usually *silent* when visiting groups, and provides feedback or assistance only when asked. He can also be refused admission to a group (by the group or a trainer) if his presence is felt to be inappropriate. However, if the floater's role is well explained to the trainees, such refusal is unlikely.

The supervisor-floater should be a person skilled in both training and counseling. However, since his primary role is to provide process feedback to the trainers, the primary consideration when choosing a supervisor-floater should be *training* skills. The supervisor-floater is responsible for—

- having a thorough understanding of the course objectives, schedule, content, and his particular tasks;

* Includes trainers, the supervisor-floater, and any consultants.

- visiting groups on a rotating basis or as requested by trainers;
- providing individual feedback to trainers;
- organizing and chairing trainer debriefing meetings.

Utilization of Consultants

The decision to use an outside consultant should be based on staff assessment of the training need that would be filled. The following guidelines for selecting, working with, and evaluating consultants for the AITP course should be kept in mind when considering this question.

Administrative Considerations. These considerations are dependent on agency policy. They might include the approval of resumes, fees to be paid (negotiated informally be letter or formally by contract), transportation requirements, and the establishment of dates, times, lengths of presentations, locations, contact persons, etc. Although these may seem like obvious points, failure to clarify any of them may mean that the consultant will fail to appear, thus creating problems for your program.

The Consultant's Expertise and Experience. Most often, consultants are needed for their specialized (often technical or advanced) subject-matter expertise that cannot be found among the training center staff—for example, a person who can explain psychometric testing or confidentiality. In the fields of drug abuse and counseling there exist many proclaimed—and, unfortunately, self-proclaimed—"experts." The last point makes it particularly important that those responsible for selecting a consultant know exactly what is wanted from that individual. Questions to be asked and answered fully are: *Does that consultant have a "standard rap" that he gives? Can he alter it? Will he alter it to fit your needs? Has he had experience (direct or indirect) with the population to whom he will be speaking? Is that important? Can the consultant relate to professionals? To nonprofessionals? Young people? Older people? Blacks? Latinos? Whites? Men? Women? Can he give examples that will be relevant to your trainee population? Will he provide a written outline of his lecture? Is it needed? Are handout materials desirable?*

In summary, when selecting a consultant you should—

- select the consultant on the basis of the *training needs* and not on the basis of his resume, profession, or label;
- know the trainee population well enough to determine if the consultant's approach (language, values, experiences) will dovetail with that of the trainee population.

Training Considerations. Subject matter expertise does not necessarily mean that the consultant has training expertise or the ability to present materials in a way that will facilitate learning. Working with a consultant, then, necessitates *pretraining briefing*. The consultant should be given written objectives of the lecture to be conducted. He should also be informed of how the information presented will be used by the participants (general job definitions, the session's relationship to the total training program, and posttest or exit-level performance desired). In addition the consultant should be given any written material the trainees will use. An outline of the subject matter to be covered, or a list of the questions to be answered, should also be reviewed. This will assure that the consultant and the program staff share the same understanding of the content and approach to the material and that the consultant will be well prepared.

Other issues to be handled should include the following:

- Any special preparation the training center should make—*printed or audiovisual materials*
- The training techniques and style to be used—*lecture with questions at the end, lecture-discussion, role play, use of flip charts, slides, etc.*
- The design of the training situation—*group size, seating arrangement, etc.*
- Tasks the core training staff should perform in conjunction with the consultant—*trainers as learners, trainers as assistants, small-group leaders, etc.*

Staff Interaction

Interaction Before Training

Each member of the training team should read and be thoroughly familiar with all the course materials: Trainee's Manual, handouts, videotapes, and the Trainer's Manual. Although the Trainee's Manual contains the basic course content and the Trainer's Manual provides the *guidelines* for the course's presentation, the trainer should be prepared to elaborate on this information and to provide additional examples where appropriate. (See Appendix 227 *Reference Bibliography*, for further reading and resources.

The training team should meet before the actual training event begins. This meeting should be a planning session to designate the leadership in each session, and map out coordination plans, discuss how they may support each other, compare training styles, and decide upon process issues. If a supervisor-floater will be used, he should attend this meeting (and all other trainer meetings) and may want to "chair" the meeting. The following are suggested activities for the planning meeting:

- Become familiar with and assure the appropriateness of the training environment.
- Reproduce and distribute all handouts for each trainer's small group.
- Make preliminary assignments for small-group membership (if possible).
- Assign specific trainers to lead specific sessions.
- Review and clarify the training schedule and materials.
- Obtain consensus on a format and a process for trainer meetings throughout the course.
- Share individual training experiences, discuss and compare training styles, and examine individual strengths and weaknesses.

This process will facilitate a coordinated and mutually supportive training team.

Interaction During Training

Whenever possible, all trainers should be present at all large-group meetings. The trainers who are not directly responsible for leading the discussions or lectures can be a valuable resource to provide clarification, support, or an additional perspective to the lead trainer's presentation. By attending large-group meetings, the trainers will be better able to understand and deal with the questions and reactions of participants during small-group practice sessions. Obviously, this will enhance the small-group sessions, and will probably improve the dynamics of the total group. Participation will also enable trainers to provide feedback to each other in the trainers' meetings.

Trainers' meetings should be held at the end of each training day. Their purpose is to enrich the total training process for both trainers and trainees. In addition to demonstrating competence in both content and process, the effective trainer must have an ability to seek help when needed, and be receptive to feedback from his trainees and fellow trainers, and willing to learn from what he teaches. Trainers' meetings allow for wrinkles in the training delivery to be ironed out.

The chairperson for these meetings should be the supervisor-floater. If a floater is not a part of the training team, the trainers may want to rotate chairing the meetings. A comfortable, private setting is best for these meetings, which should last (on the average) about forty-five minutes.

Suggested agenda items include:

1. *Feedback* includes both the content and the process of the day's training events. It is usually easiest to discuss events in order of their presentation. The feedback process should flow in the following order:

   a. Each trainer summarizes his reactions to his own presentations—*feedback to self*. The trainer should highlight an aspect of his presentation he was particularly pleased with—*positive feedback*—and then an aspect he was not pleased with or that needs improvement—*negative feedback*.

   b. Other trainers or observers offer feedback to the above, beginning with something positive and concluding with behaviors that could be improved (if any).

   c. Each trainer takes turns with feedback to self followed by feedback from others.

   d. The supervisor-floater is the last to give feedback to each trainer.

Note: All feedback should follow the principles discussed on page 26 of this chapter.

2. *Discussion* examines the small-group progress (if appropriate). *Try ranking trainers in terms of skill level:* 1 = top, 6 = bottom.
3. *General comments* include feedback on training team dynamics.
4. *Planning and clarifying* help to shape up the next day's session.
5. *Other items* include special problems, scheduling, etc.

Interaction After Training

The last debriefing will probably follow an agenda similar to the one suggested above, but with the added purpose of bringing the training event to a close. Agenda items might include:

1. *Summary:* to explore the trainer's learning experience— *What I would do the same or differently*
2. *Discussion:* to determine any follow-up needs for trainees (if necessary)
3. *Future planning* (if necessary)

THE THREE MAJOR LEARNING ACTIVITIES

The three major learning activities in this course are:

1. **Concept building** *large-group, guided discussion-lecture*
2. **Skill development** *small-group practice*
3. **Integration of learning** *large-group discussion*

The chart below shows how each activity is used in each training session.

	LEARNING ACTIVITY		
Session	Concept Building *Large Group*	Skill Development *Small Group*	Integration *Large Group*
1	X		
2	X	X	X
3	X	X	X
4	X	X	X
5	X	X	X
6	X	X	X
7	X		

This recurring pattern supports the cumulative acquisition of new knowledge and skills. Concepts are introduced to participants in the assigned reading materials. Next they are clarified and emphasized in a facilitated discussion (in Sessions 2-6). Then they are reinforced by videotapes in which the concepts being discussed are dramatized (Sessions 2-5 only). After concept building, participants are divided into small groups to apply new knowledge in practice exercises (skill development). Each small-group practice session is followed by a large-group meeting in which participants summarize, share, and discuss the learning from the previous activities (integration). The integration also serves as a link to the next section whose focus and reading assignments are introduced at this point. The exceptions to this format, Sessions 1 and 7, are devoted to concept building and pretesting and posttesting using a large-group lecture-discussion format.

Since similar methods are used to accomplish the major learning activities, there are training management issues in each session that are common to each type of activity. These are discussed below. Specific instructions for the delivery of each session can be found in the *Guidelines* section of this manual. Many of the tips found in the small-group skill-development portion of this section are also applicable to large-group processes.

Large Group/Concept Building

Large-group concept building sessions are an efficient method of creating and exploring a base of common knowledge. The information discussed in the large-group meeting for Sessions 1-6 is prerequisite to the skill development exercises. In other words, the material concerning both the AIG and interviewing skills must be introduced and understood before it can be applied in practice.

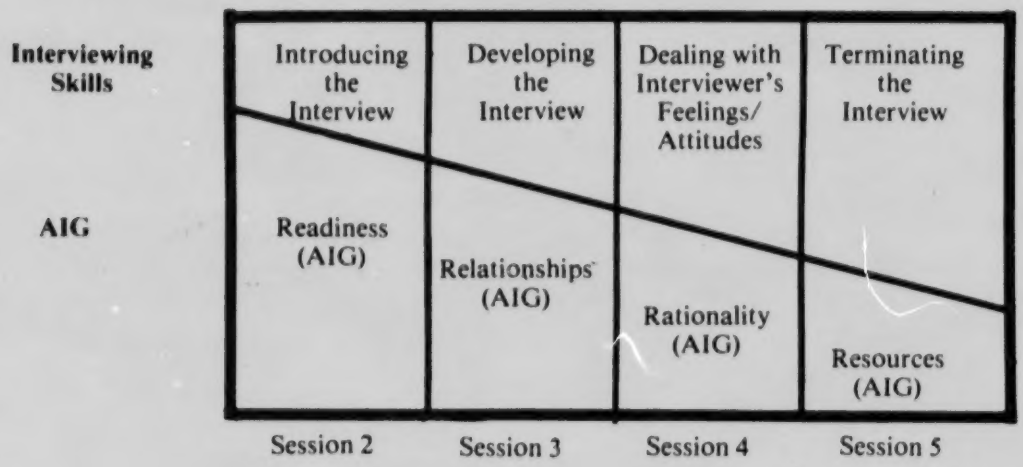
Some suggestions for managing large-group concept-building sessions are:

- Be well prepared before delivering the session. Review the Trainee's Manual and the Trainer's Manual *Guidelines*. Have a flip chart ready in advance (if appropriate).
- Make sure everyone is present; inquire about absent participants.
- Remember that the mood and tone you convey is contagious. Generate enthusiasm and energy consistent with your personal style. (Standing and moving about, as opposed to sitting, is one way to do this.)
- Always be aware of the environment—seating arrangement, lighting, temperature, visibility, etc.—and manage it appropriately.
- Ask how many participants have completed the reading assignments. Use this as a gauge for the length and style of your presentation. If trainees have *not* read the assignment, it might be best to use a mini-lecture with participation from trainees when appropriate. If trainees have completed the reading, *do not* lecture. Initiate a discussion that generates a review of the material, with questions and answers. (Major points to be emphasized during presentations are found in the *Guidelines* for each session.) Participants should do most of the talking. Use flip charts. Be sure to summarize main points.
- Use examples frequently to relate ideas to the trainees' work experiences. The trainees may also give their own examples, but make sure that these are consistent with the central idea of the session.
- Remember that you are not required to have all the answers. Let trainees help each other.
- Pay attention to nonverbal cues from trainees. If someone looks confused, initiate a question that may help clarify the matter.
- Keep discussion brief and within the time allotted. Small-group practice will further clarify the concepts.
- Follow the suggestions for videotape presentations in the Training Aids section of *Trainer Tips*.
- Before each large-group activity, summarize the previous activities and show how they relate to the present material.

Small-Group Practice/Skill Development

Over 50 percent of the training time is spent in small-group practice. Experiential learning is the best method for developing skills: it is one thing to read or hear about or even see a concept in practice; it is quite another to try to do it yourself. The purpose of these small-group practice exercises is to give trainees an opportunity to "try out" new information and skills, and to receive feedback on their behavior. Each small group should be composed of the same people throughout the course.

Most of the exercises in Sessions 2-5 combine the AIG content with interviewing skills and techniques. It is likely, however, that the emphasis in terms of feedback and the learning process will shift as the course progresses. The chart below shows the predicted direction of the change in emphasis.



The reason for this change in emphasis is twofold:

- Initially, the participants will be learning to use the AIG. Its structure, rationale, and subsections are unfamiliar and, therefore, its credibility with the participants is not established. To facilitate the learning process, trainees will need to become familiar with the guide and its use.
- The interviewing skills are developed in a cumulative fashion. Practice will require integrating skills and information from each previous exercise. The content of the AIG changes, but the structure of the guide does not. As participants learn to use the AIG, they can shift their attention to the more difficult task of guiding the interview process. **(A caveat: This change in emphasis may not always occur.** The skill level and experiences of participants, combined with their receptivity and the quality of the trainer's guidance, are the crucial factors. The predicted direction of change is presented as an aid to the trainer in understanding and managing the small-group process.)

The following section gives tips on monitoring and managing various parts of the small-group skill-development activities. The techniques and procedures suggested in this section are designed to improve skill development. You should choose and utilize techniques and exercises with that goal in mind.

Setting the Tone

The tone set during the first small-group session is a crucial factor in the group's development. Both trainer and trainee recognize that they will be working together for the majority of the course, and will probably be "checking one another out." Since a large-group introduction exercise has previously occurred, another warm-up exercise is not encouraged. Rather, trainers and group members need only introduce themselves again. You should

then lead a discussion focusing on the trainees' expectations and agendas for the group, for the training, and for themselves. If the trainees' expectations are different from the objectives of the training program, spend some time in establishing more congruent expectations and reinforcing the points made in the course introduction. (The small-group introduction should also include an agreement with trainees about time commitments, supervisor-floater entry, feedback, and the training environment—smoking breaks, and other miscellaneous issues related to the physical comfort of the participants.)

It is of utmost importance that you clarify your role in and expectations of the course with the trainees. Although the group members are generally responsible for their own learning, you have the responsibility of facilitating and guiding that learning. This point should be made early in the training; the group will then be prepared to accept your direction within the framework of the task. Trainers and trainees often view strong, directive group leaders negatively, but the training design requires systematic and structured skill development; it is essential that particular activities occur at specific points in the training process. As the trainees acquire skills and learn techniques for effective exploration and clear feedback, the group leader can relinquish some responsibility for guiding the group, and trainees can accept more responsibility. However, it is wrong for you to give the impression that you are totally flexible and open to all group agendas; failure to clarify this fact is destructive to the group. Your honesty and clarity lay a foundation for establishing trust, which is essential to the group process, and for modeling behavior that is desirable on the part of the trainees.

Once a positive learning environment has been established, varying degrees of warmth, self-disclosure and discovery, risk-taking, excitement about the learning process, skill development, and support among group members and the trainer will occur. Although a positive climate usually produces positive feelings and behavior, you should manage the group's dynamics so that they do not distract from learning and skill building.

Pacing, and Letting Trainees Train

People have different rates of learning. As a trainer, you must be constantly aware that some people learn faster than others. During your early interaction with the group you should be able to tell which trainees are the most receptive, and, to an extent, which will learn the fastest. You should be able to mentally rank the group members (from one to six) in terms of their rate of learning a particular skill. If you focus your attention on the top person in the group, you risk moving too fast and leaving the group behind. On the other hand, focusing on the slowest person in the group risks moving too slowly and losing the group's interest.

Try to pace the learning rate slightly above the mean of the group; do not be overly concerned if everyone is not at the same spot at exactly the same time. When the top person catches on, you can then focus on member number two, then number three and so on. Ask those who understand to help explain the concepts in their own words to those who seem confused. When everyone is involved in the teaching-learning process, you avoid setting yourself up as the person who has *all* the *right* answers *all* the time. You can learn by letting others teach.

Introducing the Exercises

At the beginning of each small-group meeting, restate the content areas of the AIG and interviewing skills being developed. Answer any questions that grew out of the large-group concept-building activity. After this question period, discuss how each exercise relates to the session's goals and content, and to the appropriate portion of the Trainee's Manual. Before beginning an exercise, clearly describe the trainee's tasks during and after the exercise. This is especially important because some trainees will be active and others will be observing and preparing to give feedback. Whenever feedback forms or handouts are used, the trainees should have ample time to read them and ask questions. Trainees should also

know how long each exercise will take. Be sure to check the group's understanding of the instructions. Usually, when a training exercise "bombs" it is because somebody misunderstood what he was to do. To avoid this, ask a participant to tell *you* his task(s). Repeat this for as many different trainees as there are various roles in the exercise (example: interviewer, client, observer and feedback person).

Simulations Using Client Sketches

Three small-group practice sessions call for a simulated interview that uses client sketches (see Appendix 189, Handouts). In this type of exercise, one participant is the interviewer, another the client; the rest of the group is responsible for feedback. You should choose *two* client sketches that will be used in the simulated interviews. The most appropriate and easily acted out sketches should be chosen, preferably one of a male and one of a female. The person who plays the client will receive the client sketch that summarizes the client's personality and personal data. The sketch will only be used during the *first* interview with the client. Afterwards, the next person to portray the client will build upon the previous portrayal (unless additional information is needed, in which case you should use your judgment about when and how to insert that information). The first interviewer will receive the *Client Sketch, Intake Summary* form (see Handouts) only. Succeeding interviewers may also use this summary and build upon the information gathered in previous interviews.

By the time this exercise is conducted there will be more trust and cohesion in the group than when it first met. Nevertheless, you may need to deal with trainee anxiety about role playing.

Although you need not choose the *best* "actors" to play interviewer and client, you should choose individuals you think will demonstrate a successful interaction. It is important to note that *you* should choose the actors. If you call for volunteers, you not only give up your leadership responsibility, but you may end up with an eager pair of volunteers who are the worst in the group. Select trainees who have the potential for portraying a successful interaction—one that will clearly demonstrate the points being made and provide a springboard for discussion.

At the end of each simulation, allow time for completion of the feedback forms. Then remind trainees of the rules of feedback and begin the feedback process. After the feedback session, allow time for all group members to take notes on the interaction, just as though they were taking notes on an interview in the work setting. The client sketch will be developed in succeeding interviews based upon the notes from the previous interviews.

Feedback

Feedback will be most effective if all participants share the same understanding of the purpose, limits, and specific objective of the feedback. During the first small-group meeting, participants should discuss and agree upon the guidelines that they will use for their feedback to each other. You may want to use the suggestions in this section, or develop your own operating procedures. In any case, it is imperative that some rules and principles be established; otherwise, the feedback sessions will become amorphous, purposeless rap sessions that do not enhance learning or create a climate conducive to practicing new skills. Therefore, feedback related to the task should—

- incorporate *both* positive and negative aspects of the person's behavior during the practice session;
- give specific clear examples of behavior recently observed;
- describe the person's behavior and its effects (it should *not* threaten or judge him as a person);

- be checked with other members of group to test its validity;
- be related to behavior that the person can be expected to change;
- be delivered succinctly, honestly, and with genuine feeling.

The feedback process is used not only during small-group exercises, but also throughout the training program. Be aware that you are a *giver* of feedback and a model for participants. Encourage feedback from the participants about the course and about the management of the training process.

The small-group simulated-interview exercises include a handout for each session (2-5) to be used after the interactions. These handouts are guides for feedback. Manage the feedback process as follows:

- Ask the interviewer to provide feedback on himself.
- Ask the "client" to give feedback.
- Ask other group members to give feedback.
- Give your own feedback.

Using the feedback forms as a guide, encourage group members to give at least one positive and one negative comment about the interviewer's use of the AIG and his interviewing skills. Encourage them to be specific, not to repeat one another, and to cite examples. You may then want to use the same sequence for feedback discussed above in the section on staff interaction. The matrix below depicts this sequence.

	+	
Specific	1	2
General	3	4

1-4 indicates order of comments

The key in this feedback round is to keep feedback *brief,* but useful to the interviewer. Avoid getting into intricate issues of counseling style; rather, focus on the interviewing skills being learned. Avoid a lengthy discussion of the *client's* dynamics. Feedback is for the *interviewer.* (The client's dynamics should be summarized at the *end* of the feedback time, after participants have completed their notes on the interview.) Avoid "answering" the feedback form; use this merely as a guide for implementing feedback.

Closing the Small-Group Meeting

At the end of each small-group meeting, you should initiate a discussion of new information and new skills acquired by the trainees. Allow each trainee to tell what he has learned. The discussion should be related to the activities, exercises, and the training objectives of each session. You may want to rephrase the trainees' statements more concisely or in a manner that may be communicated clearly to the larger group.

At least one point from each exercise should be discussed and summarized on a flip chart to provide a tool to be used in the next large-group summary-integration meeting, and to emphasize the major points. Before ending the small group, one member should be designated to report to the large group. Try to select a different trainee as a reporter each time in order to give everyone a chance to participate.

Managing and Monitoring the Group Process: General Tips

- Manage *time.* Use a watch or sit within sight of a clock.

- Reinforce trainee behavior that demonstrates acquisition of skills or good use of feedback received—*either nonverbally with nods, smiles, or verbally with acknowledgement.*
- Use and encourage examples, but beware of digressions.
- Keep the group focused on the task at hand.
- Let trainees teach one another.
- Model the skills being taught—*make good use of open-ended questions to focus discussion, etc.*
- Make the environment conducive to learning by encouraging note taking, asking questions.
- Make sure jargon or language used is understood by all participants.
- Manage the group to allow equal time for all participants to contribute. Be aware of and manage those trainees who are always the first or the last to speak.

Integration of Material Learned

The last 30 minutes of Sessions 2-4 are intended to be used for summarizing and integrating the concepts taught in each session, and for providing a connection to the next session. All small groups should convene in the large group for this integration session.

This process serves several purposes. First, it concludes the work of the session by summarizing and highlighting the important points and gives the participants one last opportunity to discuss these points. New information and skills will be most successfully applied by participants in their work setting if all questions are resolved and learning gains are reinforced.

Second, the integration-summary period gives the small groups an opportunity to share their experiences with one another. Thus, participants may benefit from the experiences of members of all groups.

Third, reviewing and clearly stating material learned thus far makes it easier to tie this information to the work of the next session. You should show how the forthcoming session relates to the work completed, and give the reading assignment for the next session's work.

As the trainer who leads the discussion, you should post the flip charts (from the small groups) where everyone can read them. Each speaker should then read and explain the chart, answering any questions that may be raised.

Then initiate a group discussion by asking such questions as:

- *What kinds of observations do you have about the learning common to each small group?*
- *Were you surprised by anything?*
- *Do you see any differences in emphasis or in conclusions?*
- *How did you feel about your experiences in practicing the interviewing skills and the use of the AIG?*

Once the discussion has begun, your responsibility is to reinforce and emphasize the major points made during the session, and to answer questions. Your job is to clarify what is being said, and to focus the discussion on the conceptual framework the participants are building.

The last five minutes of this large-group meeting should be devoted to—

- describing the focus of the next session's activity, and its relationship to previous work;
- giving the reading assignment for the next session;
- checking to see if there are any concerns related to the overall training program (example: *Are there enough chairs in the small-group rooms?);*
- checking to see if there are any announcements or messages that should be shared with the large group (example: *Some of us are getting together for dinner at Joe's restaurant. Anyone who wants to come should meet here right after this session breaks up.).*

SUMMARY

This chapter was intended to provide you with general tips and hints on large- and small-group-process management. You may want to implement some or all of these during the course of training. The chapter that follows, *Trainer Guidelines* is intended to provide you with a more detailed, step-by-step discussion of each session. It may, therefore, be used and frequently referred to during your delivery.

We suggest that you review this chapter after you read the first session of the guidelines. This will help you integrate general process suggestions with more specific details.

CHAPTER THREE
TRAINER GUIDELINES

TRAINER GUIDELINES

INTRODUCTION

The trainer guidelines that follow are intended to give the trainer a more detailed account of the mechanics, logistics, and techniques that may be useful in delivering this course. Guidelines for each session appear in the following format:

1. Session overview
2. Session schedule
3. Method of presentation *specific for each activity*
   a. Concept building—***large group***
      1) Demonstration videotape
      2) Discussion
   b. Skill building—***small group***
      The practice exercises
   c. Integration of learning—*large group*

These guidelines are intended to provide the trainer with as much information as necessary to deliver this course effectively and smoothly. The amount of detail may suggest a mechanistic or cookbook approach to training. This is only partially true. Guidelines are written within the conceptual framework of the course design and are consistent with the developmental learning theory upon which the course is built. That is, concept building followed by practice followed by integration of learning and so on. The guidelines are laid out so that they may provide the trainer with a quick and ready reference during training. The previous chapter, *Trainer Tips,* should be reviewed by the trainer prior to each session since it is frequently referred to in these guidelines.

Some of the mechanics and techniques of managing the large and small groups come from the experiences of other trainers. Some of these, then, may be modified according to the trainer's own level of experience and training style. More than likely, the inexperienced trainer or the trainer who is delivering the course for the first time may want to follow the guidelines closely with only occasional departures. The more experienced trainer, particularly one who has delivered the course more than once, may wish to experiment more freely with modifications in techniques and exercises.

We recommend fairly close adherence to the suggested times. Participants' feedback during the field trials indicated that the most effective learning took place during the small-group simulation exercises. Thus, the trainers are encouraged to keep the large-group presentations within the suggested time frames so that time is not taken from the small-group work. Whenever possible, the large-group activities may be less than the suggested times in order to allow for more small-group work. During the small-group work, each participant should be actively engaged in the exercises as either a client, an interviewer, or an observer. In general, the trainer's presentations should be brief and to the point. Similarly, instructions to participants during the small-group activities should be clear, concise, and to the point.

At the end of each guideline section you should note instances where you departed from the suggested guidelines. Similarly, you may want to note techniques or processes that worked particularly well or were unsuccessful. In either event, this manual is intended as both a training aid and as a workbook for the trainer during the course of delivery.

SESSION 1
COURSE INTRODUCTION

SESSION OVERVIEW
COURSE INTRODUCTION

I. Goals

A. To begin the course by completing administrative and testing procedures

B. To give an overview of the major concepts of the course: the AIG and interviewing skills

II. Objectives

By the end of this session, each trainee should be able to

A. Identify at least four psychological concepts described in the overall rationale and introduction to the chapter, *Assessment Interviewing Guide*

B. List the four major content areas of the AIG

C. Identify at least three characteristics of an interview, for example,

1. Type of communication process
2. Contains objectives
3. Has a structure

D. Describe the purpose of conducting an assessment interview, for example,

1. Eliciting client information
2. Planning treatment
3. Satisfying Federal funding criteria

III. Reading Assignment: Trainee's Manual

A. AIG pp. 1-4

B. *Interviewing Skills* pp. 51-52

IV. Handouts

A. Pretests and answer sheets (one per trainee)

B. Trainee's Manual and schedule (if not done previously)

SCHEDULE

		3 1/2 hours total
I.	**Introduction to training *large group***	**90 minutes**
	A. Greeting	(5 minutes)
	B. Pretest	(45 minutes)
	C. Getting-acquainted exercise	(40 minutes)
II.	**Introduction to Assessment Interviewing for Treatment Planning—*large group***	**70 minutes**
	A. Course overview	(10 minutes)
	B. The *Assessment Interviewing Guide*	(20 minutes)
	(Break)	(10 minutes)
	C. Discussion	(30 minutes)
III.	**Overview of interviewing skills—*large group***	**50 minutes**
	A. The interview	(20 minutes)
	B. Discussion	(20 minutes)
	C. Linkages and assignments	(10 minutes)

METHOD OF PRESENTATION

I. **Introduction to training** **90 minutes**

A. Greeting

1. Facility host or trainer welcomes participants to training
2. Distribute schedule and discuss it briefly
3. Describe or answer questions related to logistics, such as:
   a. Orientation to training facility
   b. Eating arrangements
   c. How trainees get phone messages during training

B. Pretest (45 minutes)

1. Briefly describe the purpose of testing
   Example: *The purpose of this pretest is to assess the knowledge you now possess, so that we can compare this with what you have learned after training (using the posttest given at the end of the course). We are not interested in individual results, but rather in the change in the group as a whole. This is one way that we get feedback on ourselves. The course is designed to meet a set of objectives that are specified in your Trainee's Manual. If you do well as a group, we will be pleased that we have helped you to meet the objectives. If there is not a significant change, we must assume that you already knew the material, or that we are lousy trainers . . .* laugh. *All the scores are confidential and will not go anywhere (to supervisors, etc.). You may get your own results if you like by checking with* _____name person *at the end of the course.*
2. Pass out tests and answer sheets
3. Give instructions
   a. *Work quietly and quickly*
   b. *Select what you think is the best answer* (additional instructions: see Evaluation section of this manual)
4. Collect tests at appropriate time and pass out manuals

C. Getting-acquainted exercise (40 minutes)

1. Choice of exercise should depend upon size of group and trainer comfort with managing instructions; for example, some options include
   a. *Paired Introduction Interview*
      1) Ask trainees to pair up with someone they do not know very well or would like to know better
      2) Since this course is concerned with interviewing, each person should spend three to four minutes interviewing his respective partner

3) Each person, then, meets and gets to know one other person, and in turn, introduces his partner to the group based upon what he learned in the interview

4) Allow four minutes for each interview (or eight minutes per pair) and one to two minutes for each introduction to large group

b. *Name Chain*

1) Participants sit in large circle

2) Trainer begins by stating his name

3) The person to his right repeats the trainer's name and says his own name

4) The next person in the circle repeats the trainer's name, the name of the person to his left, and says his own name

5) Repeat the process around the circle

6) You may add to this exercise by going around the circle with sentence completions such as *I am interested in* _____, *I am the best* _____

2. Trainers should participate in exercise

3. Observers and nonparticipants should be introduced and role explained (see *Trainer Tips,* The Training Team)

II. Introduction to Assessment Interviewing for Treatment Planning **70 minutes**

A. Course overview

Major points to be emphasized in this lecture-discussion are

1. The course objectives and where they are met in the schedule

2. The use of assessment interviewing as a tool to elicit important client information and as an activity to achieve good treatment planning

3. The requirements of the Federal funding criteria and the relationship of assessment interviewing to these criteria

4. The simultaneous learning of interviewing and AIG concepts, with supportive areas such as case histories, confidentiality, etc.

5. The methodology and training activities trainees can expect to experience

6. The norms and expectations for the training and learning environment

Refer to Trainee's Manual Introduction; *Trainer's Manual* Trainer Tips *(Setting the Tone and Expectations)*

B. The *Assessment Interviewing Guide* (20 minutes)

Most important information to be emphasized in this session

1. The fact that all clients are different, with various life experiences, personalities, needs, and reasons for using drugs and coming to treatment
2. The distinction between clients whose reasons for using drugs are motivated by external pressures and those whose conflicts are primarily internal
3. The relationship between the unique characteristics of each client and the treatment plan
4. The "4Rs"—*see flip chart outline*
   a. What they are
   b. How they are defined
   c. Why they are important to explore
5. The AIG—how it will be used during the course *Ask trainees to look at the tan pages in their manuals while you describe the AIG*

Refer to the Rationale sections of AIG in the Trainee's Manual for additional content.

SUGGESTED FLIP CHART OUTLINE

Assessment Interviewing Guide

R eadiness

R elationships

R ationality

R esources

C. Discussion (30 minutes)

1. Have trainees relate client assessment and treatment planning to their individual situations
2. Structure discussion around presently used:
   a. Intake procedures
   b. Assessment questionnaire(s)
   c. Psychometric tests
   d. Interview techniques
   e. Treatment planning forms and procedures
3. Ask trainees to describe what they like or dislike about their present procedures
   a. How do they see the AIG fitting with what they already do?
   b. How does it fit with what they would like to do?
4. Ask trainees to describe why they think treatment plans are useful or useless
5. Relate the presence or lack of effective assessment of clients to success or failure of treatment planning and implementation

III. **Overview of interviewing skills *large group*** **50 minutes**

A. The interview (20 minutes)

Most important information to be emphasized in this presentation

1. Various types of interview situations, for example, talk show, counseling, etc. (May be brainstormed by trainees and recorded on a flip chart or simply called out from the participant group)
2. The difference between the interview as it is used in conjunction with the AIG and other interview situations
3. The difference between interviewing and counseling (In this context, "therapeutic" refers to establishing a relationship of confidence and trust. It does not refer to therapy, meaning treatment.)
4. Participants should use their experience and try to identify words or phrases that define an interview—record these on a flip chart
5. Relate trainee data to the basic components listed on the suggested flip chart that follows
   a. Clear up any misperceptions or questions as each characteristic is discussed
   b. Make sure that the three objectives listed under "purpose" are understood

6. The difference between the focused interview and other types of interviews
   a. As each type of interview is being explained, ask participants to identify experiences they have had with each type
   b. Use these experiences to discuss the advantages and disadvantages of each type
   c. Emphasize the use of the focused interview in this course, and the rationale for this structure
7. The interview process
   a. Introductory, development, and termination stages
   b. How these relate to what will be learned in AITP course

Note:
Since this unit is the last activity of Session 1, participants will have been sitting in a large group with basically a lecture format for over two hours. Therefore, encourage a discussion with participants concerning each of the main teaching points listed above.

Refer to Trainee's Manual, Interviewing Skills.

SUGGESTED FLIP CHART OUTLINE

Characteristics of the Interview

1. Communications process: face-to-face verbal interchange
2. Purpose/Subobjectives:
   a. Information gathering
   b. Diagnostic assessment
   c. Therapeutic
3. Strucutre

SUGGESTED FLIP CHART OUTLINE

Types of Interviews

1. The focused interview
2. Standardized interview
3. Unstandardized interview

The Interview Process

1. Introductory stage
2. Development stage
3. Termination

B. Discussion

1. Allow time for participants to ask other questions related to anything discussed so far
2. Ask participants about their interviewing experiences
   a. *What generally happens the first time you sit down with a client?*
   b. *Do you consciously keep a flow in mind for the interview?*
   c. *How do you see interviewing and counseling being similar? Different?*

C. Linkages and assignments (10 minutes)

1. Summarize the session so far, i.e., exploration and introduction to course, AIG, interviewing
2. Explain the content and process for Session 2
3. Explain the use of the manual and give reading assignments; emphasize the importance of reading before each session, and the responsibility of each participant for enhancing his learning process
4. Emphasize again the importance of being on time for sessions
5. Provide an opportunity for final questions
6. Assignment: Introducing the Interview and Readiness, Trainee's Manual pp. 53 and 5

SESSION 2
INTRODUCING THE INTERVIEW
AND
CLIENT READINESS

SESSION OVERVIEW
INTRODUCING THE INTERVIEW
AND
CLIENT READINESS

Session 2

I. Goals

A. To develop the trainees' interviewing skills so that they can effectively conduct the introductory interview

B. To facilitate the trainees' understanding of the rationale for the questions used in Content Area 1, Readiness, of the AIG

II. Objectives

By the end of this session, trainees will be able to

A. Demonstrate skills in initiating the interview

1. Making personal introductions
2. Leading rapport-building conversation
3. Clarifying roles
4. Explaining the purpose of the interview
5. Setting expectations
6. Listening and observing
7. Explaining confidentiality

B. Identify at least two psychological concepts described in the rationale section on the client's readiness for treatment; for example, why it is important

1. To assess the client's readiness for treatment
2. To make a distinction between internal and external pressures that brought the client to treatment

C. Identify at least two subareas within Readiness

1. What brought the client to treatment?
2. What brought the client to this program?
3. Has the client had previous drug or other treatment experiences?

D. Identify at least one question the counselor may use within each subarea

III. Reading Assignment

A. Introducing the Interview, *Interviewing Skills* p. 53

B. Readiness, Content Area 1 of the AIG, p. 5

IV. Handouts

Process Observation Feedback From 1 (1 per trainee), p. 481 in Appendices of this manual.

SCHEDULE

3 1/2 hours total

I. **Concept building *large group***	**1 hour**
A. Mini-lecture: Introducing the Interview	(15 minutes)
B. Mini-lecture: Readiness	(15 minutes)
C. Demonstration videotape (related to A & B above)	(10 minutes)
D. Discussion	(20 minutes)
II. **Skill Development *small group***	**2 hours**
A. Introduction to small-group work	(5 minutes)
B. Round-robin exercise: Introducing the Interview	(20 minutes)
C. Round-robin exercise: Readiness	(20 minutes)
(Break)	(15 minutes)
D. Interview simulation in triads	(45 minutes)
E. Discussion and summary of learning	(15 minutes)
III. **Integration of learning *large group***	**30 minutes**
A. Reports from small groups	(15 minutes)
B. Discussion of learning reported above	(10 minutes)
C. Linkages and assignment	(5 minutes)

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METHOD OF PRESENTATION

I. **Concept building *large group*** **1 hour**

A. Introducing the Interview (15 minutes)

Most important information to be emphasized during this presentation

1. The initial interview sets the tone for remaining interviews
2. The interviewer should be clear in his own mind what he wants to accomplish during the interview
3. The purpose of the interview (gathering information about the client in order to develop a realistic treatment plan) should be made clear to the client
4. Explanation of expectations and confidentiality should be brief, clear, and concise
5. The interviewer should do whatever he believes necessary to put both himself and the client at ease and to facilitate conducting a focused interview

Refer to Trainee's Manual pp. 53-54 *for additional content to be covered.*

SUGGESTED FLIP CHART OUTLINE

Introducing the Interview

Preparation for the interview

1. Review of content and goals of this interview
2. Review of client data
3. Room preparation

Initiating the interview

1. Making personal introduction
2. Leading rapport-building conversation
3. Clarifying role
4. Explaining the purpose of the interview
5. Setting expectations
6. Listening and observing
7. Explaining confidentiality

B. Content Area 1: Readiness (15 minutes)

Most important information to be emphasized during this presentation

1. Assessment of the client's readiness for treatment is a vital step in the development of a treatment plan
2. Differentiation between internal and external pressures may be an indication of the client's motivation
3. Client expectations of treatment and treatment modality are another critical dimension of readiness
4. Client's previous drug treatment experience or other treatment experiences may influence his current readiness for treatment
5. Assessment of previous treatment experiences may help counselor avoid some future conflicts with client
6. The nature of the support for the client's decision to enter treatment is important

Content area for the flip chart can be found in the AIG, pp. 103-105.

SUGGESTED FLIP CHART OUTLINE

Readiness

1. What brought the client to treatment?
2. What brought the client to this program?
3. Has the client had previous drug or other treatment experiences?

C. Demonstration videotape (10 minutes)

Suggested introduction to the tape:

The demonstration videotape shows one way the interviewer may question the client in each of the four content areas. The brief tape is only seven to eight minutes long and is just a portion of a much longer series of interviews. You are to view the tape, keeping in mind that this is only a demonstration of one way in which the focused interview may be conducted. Observe both the interviewer's line of questioning and the client's responses to the questioning. This particular videotape serves another important purpose in this course in that the client on the tape becomes the client for everyone in the group. By the end of Session 5, you will have seen the last videotape that shows this client. You will then be asked to fill out the Behavioral Assessment Inventory on the client (in the AIG). In Session 6 you will be provided with additional interview notes that the interviewer wrote about the client. Since you will be asked to prepare a case history and then a treatment plan for the client based on this videotape, note taking is suggested.

D. Discussion of the videotape (20 minutes)

Suggested questions

1. *What did you learn about the client's readiness for treatment?*
2. *What were your impressions of the client?*
3. *How much do you think the client revealed about herself?*
4. *Did the questioning stick to the topic at hand—readiness?*
5. *What did you learn about interviewing?*
6. *Were you able to identify the interviewing skills covered in this session?*
7. *Did you identify any elements in the interview that violate the interviewing skills taught earlier in this session?*
8. *What would you do differently?*
9. *What additional questions would you ask?*

Note:
During the discussion of the videotape, you should neither become defensive about the demonstration you just observed, nor should you unnecessarily feed into negative criticisms of the demonstration. Either of these approaches may interfere with the overall learning process. If the trainees feel strongly (either positively or negatively) about the demonstration, the trainer should try to brainstorm with participants on both positive and negative aspects of the demonstration.

Use the space below for notes:

II. Skill development *small group* — 2 hours

Note:
This is the first small-group meeting. Therefore, the trainer's goals in this session are twofold

A. To introduce and structure the small-group experience so that participants understand and value the small-group activity

B. To guide the participants through the practice exercises that are aimed at meeting the objectives in the interviewing skills and AIG content areas

In meeting these goals, trainers should also note and begin to manage the general group-process issues that will influence the quality of the work accomplished in these sessions. Small groups will remain constant throughout the practice units, so this management process will be ongoing, but it is most important in the first small-group meeting. (See Trainer Tips *for additional information.)*

A. Introduction to small-group work (5 minutes)

1. Begin by introducing yourself; ask each participant to introduce himself for the purpose of learning names (Be brief since group introductions took place in Session 1)
2. Explain that small group activities are designed to:
   a. Provide practice in using the AIG and interviewing skills
   b. Provide an opportunity for asking questions and further clarifying the course content
3. Describe the factors necessary to achieve this purpose
   a. Active participation in the exercises by all members
   b. Honest and open feedback among members
   c. Completion of any assigned reading prior to group meetings
4. Address questions or comments on small-group purpose and process, making sure expectations are clear

B. Round-robin exercise: Introducing the Interview (20 minutes)

1. The next 20 minutes should be reserved for review and practice of the components of an effective introduction to the interview
2. Learning these components involves three steps:
   a. Remembering the components ("recall"): refer to *Interviewing Skills* and mini-lecture/videotape
   b. Testing/rehearsing ways of phrasing the various questions and statements: How does your explanation of confidentiality sound when you actually say it out loud (as opposed to simply reviewing it in your head)?

DM

c. Getting feedback and revising interviewing techniques and approach

3. Explain the exercise

   a. The task is to practice all the components of an effective introduction for an interview

   b. You take the role of the client

   c. The participants act as if they were *all* interviewers, so their statements and questions should build on one another

4. Review the steps involved in beginning the interview

   a. Ask participants to name each step and make a list on the flip chart

   b. Include: greetings, setting tone, clarifying role, stating purpose, discussing confidentiality, setting expectations, listening, and observing

5. Use your own age, sex, race, etc., to introduce yourself in the role of the client, and use a drug problem that you are familiar with, emphasizing that this is your first experience with treatment

6. Begin the simulation by introducing yourself

7. Participants respond as interviewers

   a. The first participant may say *Hello, my name is _____. Have a seat here and let me explain what our meeting is all about.*

   b. The next participant continues with a few more introductory sentences

   c. Each participant should say no more than two or three sentences

   d. Continue around the circle until participants feel all components of the introduction have been covered

   e. You should behave as you imagine a client would: ask questions, be responsive when remarks are helpful, resistant if remarks are detracting, threatening, etc.

   f. Process should last no longer than 10 minutes

8. After 10 minutes, provide feedback to group: cite components that were omitted, provide suggestions, criticism, praise

   a. Encourage the group to ask questions

   b. Ask group members to criticise each other's remarks

   c. Make sure that your feedback is consistent with the feedback principles given in *Trainer's Tips*

C. Round-robin exercise: Readiness (20 minutes)

1. During the next 20 minutes, you should review the kinds of questions to be asked in the Readiness section of the AIG
2. On the flip chart, record the trainees' recollections of the subareas of the Readiness content area *What brought the client to treatment? What brought the client to this program? Has the client had previous drug or other treatment experiences?*
3. Ask participants to phrase two questions for each of the three areas (without using the AIG)
4. Explain that this exercise will be identical in format to the previous exercise but the purpose will be to practice asking questions related to Readiness
   a. The client role (yours) remains the same
   b. Participants ask questions one at a time, no more than two questions per participant per turn
   c. Allow 10-15 minutes for the exercise
5. Provide feedback to participants and facilitate their providing feedback to each other with such questions as:
   a. Were there any questions asked that were *not* appropriate to the Readiness area?
   b. What questions related to subarea A? subarea B? subarea C?
   c. What questions did you particularly like?
   d. Were there any questions that seemed to be difficult for the client to answer?
   e. What have you learned from this exercise?
   f. Summarize major teaching points

(Break) (15 minutes)

D. Interview simulation in triads (45 minutes)

1. Explain that the previous two exercises were designed to prepare participants for their own role plays *In this exercise, the questions related to the introduction and the Readiness sections will be applicable*
2. Be sure that everyone understands that this is a *condensed* version of the interview, that the actual interview process would probably take at least an hour
3. Explain that the purpose of this exercise is simply to provide practice in the introduction to the interview and in asking questions related to Readiness

4. Pass out the Process Observation Feedback Form found in the Appendix on p. 181 (one for each participant) and review it; stress the importance of making notes when comments are requested
5. Explain that the group will be divided into two groups of three; roles will rotate as follows:
   a. Participant A: interviewer—process observer—client
   b. Participant B: client—interviewer—process observer
   c. Participant C: process observer—client—interviewer
   d. Each participant will assume all three roles
6. Review the client, interviewer, and process observer roles
   a. Show how each participant will assume all three roles over the next 45 minutes (That is, each triad will do *three* introductions of 15 minutes each —10 minutes for the interview, 5 minutes for feedback
   b. Answer any questions about the process at this point
   c. Divide the participants into two groups of three and rearrange the room as needed
7. The client and interviewer roles:
   a. Explain that the client role is similar to the one you played during the previous exercise
   b. The client should, however, be of the type seen in the program the *interviewer* comes from
   c. The interviewer assumes he is in his usual work environment
   d. Before beginning the interaction, the interviewer must state: *I work in a _____ program, whose clients have mostly _____ (mention characteristics.)*
   e. The participant playing the client then assumes the role of this type of client
8. The process observer role:
   a. Tell participants that when they take the process observer role they are responsible for providing five minutes of feedback to the interviewer at the end of the interaction
   b. The process observer listens silently to the entire interaction and then fills out the Process Observer Feedback Form I
   c. The process observer should give his completed form to the interviewer he observed at the end of the interaction
   d. The process observer is also responsible for timing the interview interaction and feedback to make sure that the total time is no more than 15 minutes

9. Explain that you will observe the groups and answer questions as the interactions are being set up
   a. After the interactions are set up your interventions should be minimal
   b. By observing, you will be prepared to summarize major teaching points, and answer questions in the last 15 minutes of this exercise
10. Call time at the end of 45 minutes; allow one to two minutes for the triads to return to the group circle

E. Discussion and summary of learning (15 minutes)

1. Ask participants to summarize their experience and learning:
   a. As interviewers
   b. As clients
   c. As process observers
2. Discuss the summaries
3. Reinforce the importance for the interviewer's skills and prepare participants for further skill development activities
4. Reinforce the importance of the AIG and support its use
5. Answer questions
6. Ask each group to list three of the most important points learned in this session (all three exercises)
   a. Record these on a flip chart and ask the group to designate a spokesman to be prepared to read and explain the points when the entire large group reconvenes
   b. The group may list more than three points, but should star (*) or otherwise highlight the three they think most significant
   c. Since reporting to the large groups will occur four more times (Sessions 3-6), try to designate a different spokesman each time

Use the space below for notes:

III. **Integration of learning *large group*** **30 minutes**

A. Reports from small groups (15 minutes)

1. Introduction and explanation of summary process

a. This is a one-time explanation; similar units in succeeding sessions will be conducted in the same manner

b. The trainer can say something like:

The purpose of this portion of the session is to summarize what we have just learned in the small-group exercises, and to try to integrate these points into our own personal style and our own practice as counselors. Each group may have learned something different, so perhaps we can learn from one another. During the discussion, we will summarize the reports and try to connect them to previous learning and relate them to activities that will follow. (linkages)

B. Discussion of learning (10 minutes)

1. You should comment on issues that were common as evidenced on flip charts or in your observations during the practice

Example:

Many of the interviewers appeared to be struggling to stay in their role as counselor. Maintaining your role is difficult and will remain so until you are comfortable with the new interviewing skills you are acquiring. These will enable you to help your client focus on his problems, and allow you to maintain control of the interview.

2. Meeting the subobjectives: Focus discussion of the group lists toward the three subobjectives listed in the Overview of the *Interviewing Skills*

a. Example: **Information Gathering Objective**

Did anyone feel that his group over- or underemphasized the information-gathering aspect of the interview, either in tone or content? What was your client's reaction?

b. Example:**Diagnosis and Assessment Objective**

Could you as an interviewer reach a conclusion about the readiness for treatment of any one of your clients?

c. Example: **Therapeutic Objective**

Did any group have trouble trying to establish trust and rapport with their clients while eliciting information?

C. Linkages and assignment (5 minutes)

1. The next order of business should be to summarize the major points learned and connect them to previous issues

2. Then go to the next activity
3. The preparation assignment for the next session; Read Trainee's Manual
   a. Relationships, Rationale and Questions, AIG, pp. 13-24
   b. Developing the Interview, *Interviewing Skills*, pp. 55-59
4. Housekeeping details and announcements
   a. Ask about total group climate and environment concerns
   b. Make any announcements necessary; ask if there are any from the group

VIDEOTAPE TRANSCRIPTION*

*Editor's Note: Since these transcriptions were done verbatim from spontaneous conversations, they may not read as smoothly as carefully written dialogue. Therefore, we have taken the liberty of adding a word or phrase where it is necessary to clarify the meaning or intent of a statement. These additions are bracketed / /.

VIDEOTAPE TRANSCRIPTION

Session 2

The following series of four videotapes demonstrates the use of the four content areas of the Assessment Interviewing Guide *and the interviewing skills taught in the course, Assessment Interviewing for Treatment Planning.*

CLIENT READINESS

The first demonstration illustrates the introduction of the interview and questioning from Content Area 1, Readiness.

Interviewer: Hi, Pam, I'm Bettye Moore, I'm going to be your treatment counselor while you are here in the treatment program. How are you today?

Client: OK

Interviewer: Good

Client: Do you mind if I smoke?

Interviewer: No, of course not. We're going to be spending a lot of time together over the next few weeks talking about why you are here and what you expect from treatment. I'm going to be asking you a lot of questions about who you are and where you've been and where you want to go as a result of being in the program. Most of what happens here will be between us, except that it will be shared with people in the program who have a need to know to assist me in planning for your treatment. I'd really like you to be as candid and as open and share as much as you can with me about your past history and what's going on in your current life. I'm going to be asking you some of the same questions that they asked you in intake, but I need that information as well and I'd like to have it first hand from you. Do you have any questions, having experienced the intake interview? Questions about being here?

Client: Are you the person who approves the methadone?

Interviewer: No, I'm not. The doctor does that. But we'll be talking about it.

Client: The doctor?

Interviewer: Yes. I don't have the authority to approve or disapprove the methadone. That's a curious question, though.

Client Why?

Interviewer: I'm interested in why you want to know that.

Client: Well, I just wanted to know where in the program it happens.

Interviewer: Oh, I see. That wasn't explained to you during the intake process?

Client: I don't think so.

Interviewer: OK. I'm always curious about what brings a person into treatment. Tell me about why you are here.

Client: I got busted.

Interviewer: You're smiling. How do you feel about being busted?

Client: Um, it wasn't so good.

Interviewer: It wasn't so good. How did you feel?

Client: Ugh! Pretty bad.

Interviewer: Badly. I noted on your intake sheet that you are on probation. So that being in the program is one of the conditions of your probation. How are you feeling about coming in for treatment? /How do you feel about/ being forced to come in for treatment?

Client: I want to get off drugs.

Interviewer: You do? I noticed also from your intake sheet that you've been on drugs for about 5 years. Is that correct? Have you tried to kick your habit before?

Client: Yeah, once. Twice.

Interviewer: Twice? Tell me about that. Tell me what happened the first time.

Client: I got pregnant and when I found out I was pregnant, not necessarily the same thing, and then I tried to get off for the kid. She's real neat; she's three.

Interviewer: What happend? When you tried to get off? You said you tried.

Client: Well, I didn't get all the way off. But I did pretty good.

Interviewer: How did you do it?

Client: With the help of some friends.

Interviewer: Did you go into a treatment program?

Client: Well, I talked to some people and I was there for a while but I didn't stay there. Another time a friend ODed [overdosed] and that was a little scary, but . . . .

Interviewer: How did you do that? How did you try to get off drugs?

Client: [I] just tried to quit.

Interviewer: Alone?

Client: No.

Interviewer: Where did you go?

Client: Nowhere.

Interviewer: How did you do it, then?

Client: (Sigh) Just did it. It didn't last very long, though.

Interviewer: You said with friends.

Client Yeah, well, Jerry.

Interviewer: And who's Jerry?

Client: Jerry is my boyfriend.

Interviewer: And Jerry tried to help you kick the habit and how do you do that, just by not taking drugs or some other way?

Client: No, I got . . . Yeah, just not taking any.

Interviewer: Both times, how long were you able to stay off drugs?

Client: Well, the first time I was off for about 6 months.

Interviewer: And the second time?

Client: Depends on how you look at it. You know, I mean . . . .

Interviewer: How do you look at it?

Client: Well, for you, a month.

Interviewer: For me, a month? I don't understand.

Client: What that means is I tried to get off for a month and I was probably off . . . but it took me a month.

Interviewer: To work up to it?

Client: Yeah.

Interviewer: And so you actually didn't take drugs for a period of a week. How did you feel about doing that?

Client: I'd rather be here.

Interviewer: What does being here mean?

Client: I just don't think just stopping is the way to do it. It ju doesn't work.

Interviewer: So how is being here different from just stopping?

Client: Because of the methadone.

Interviewer: I see. So that's real important to you?

Client: Uh, hum.

Interviewer: In your attempts to quit taking heroin. What do you expect will happen to you as a result of being in the program?

Client: [I'll be able to] get off drugs.

SESSION 3
DEVELOPING THE INTERVIEW
AND
CLIENT RELATIONSHIPS

SESSION OVERVIEW
DEVELOPING THE INTERVIEW AND CLIENT RELATIONSHIPS

Session 3

I. Goals

A. To facilitate development of interviewing skills

B. To facilitate the understanding of Content Area 2, Relationships, of the *Assessment Interviewing Guide*

II. Objectives

By the end of the session, each trainee should be able to

A. Identify at least two psychological concepts described in the rationale section on client relationships, for example:

1. The importance of assessing the client's capacity for forming lasting relationships
2. The relationship of the client's style of interaction to the treatment process

B. Identify at least two subareas within Relationships, for example:

1. Closest relationships
2. Family relationships
3. Home Life
4. Institutionalization
5. Sexual relationships
6. Group relationships

C. Identify at least one question the interviewer may use to inquire about the subarea

D. Demonstrate skill in the developmental phase of the interview; that is, in

1. Sustaining a nonjudgmental attitude
2. Eliciting information appropriate to the AIG content area
3. Maintaining trust and rapport by listening and showing interest and by providing explanatory information

III. Reading Assignment

A. Relationships, Content Area 2, AIG, pp. 13-24

B. Developing the Interview, *Interviewing Skills* pp. 55-59

IV. Handouts

A. Process Observation Feedback Form II, 24 copies

B. Client sketches

SCHEDULE

I.	**Concept building *large group***	**1 hour, 10 minutes**
	A. *Interviewing Skills:* Developing the Interview	(15 minutes)
	B. Content Area 2: Relationships	(15 minutes)
	C. Demonstration videotape	(10 minutes)
	D. Disucssion	(5 minutes)
	E. Open-ended question round	(25 minutes)
II.	**Skill development *small group***	**1 hour, 50 minutes**
	A. Introduction to role-play practice with client sketches	(25 minutes)
	(Break)	(15 minutes)
	B. Interview simulation	(60 minutes)
	C. Discussion and summary of information learned	(10 minutes)
III.	**Integration of learning *large group***	**30 minutes**
	A. Reports from small groups	(15 minutes)
	B. Discussion of learning reported above	(10 minutes)
	C. Linkages and assignments	(5 minutes)

METHOD OF PRESENTATION

I. Concept building *large group* **1 hour, 10 minutes**

A. *Interviewing Skills:* Developing the Interview (15 minutes)

Major points to be emphasized during this presentation (concentrating now on the developmental *phase of the interview)*

1. Appropriate questions and responses
   a. The interviewer should show an accepting, sustaining, nonjudgmental attitude
   b. He should tend toward unbiased information
   c. He should be sure questions are relevant to the interview objective

   Discuss Interviewer Rating Scale
2. Importance of appropriate questions and responses
   a. Information is obtained from the AIG content area
   b. Trust and rapport is maintained because interest is shown and background information is provided
3. You should note the flexibility of the interviewer and his need for skill with respect to the interview charcteristics and use of the AIG

Note: This is a large amount of content to be covered in 15 minutes. You should be particularly aware of the time and refer questions from participants to small groups.

B. Content Area 2: Relationships (15 minutes)

Refer to areas of inquiry listed on the suggested flip chart outline and in the AIG, pp. 109-113

SUGGESTED FLIP CHART OUTLINE

Relationships

1. Closest relationships
2. Family relationships
3. Client's home
4. Institutionalization
5. Sexual relationships
6. Group relationships

SUGGESTED FLIP CHART OUTLINE

Interviewer Rating Scales

Rejecting				Supporting
1	2	3 Acceptance	4	5
Biased				Unbiased
1	2	3 Bias	4	5
Unrelated				Purpose Related
1	2	3 Relevance	4	5

Guidelines for Questions

1. Brief
2. One at a time
3. Simple
4. Specific
5. Immediate experience
6. Positive data first
7. What, how vs why
8. Bias to minimum
9. Open-ended

SUGGESTED FLIP CHART OUTLINE

Types of Questions

1. Closed
2. Open
3. Funnel
4. Projective
5. Silent
6. Probing

Responses

1. Situation (content) only
2. Feeling only
3. Situation and feeling

Noneffective Responses

1. Judging, moralizing
2. Denying feelings, arguing, lecturing
3. Giving advice, solutions
4. Playing psychiatrist, overinterpreting
5. Digressing, storytelling

C. Demonstration videotape (10 minutes)

The guidelines for watching the videotape are the same as those in Session 2. The flip chart from Session 2 that lists the viewers' tasks can be used again in this session.

D. Discussion (5 minutes)

The general discussion questions from Session 2 can be used in this session also. The following are discussion questions specific to this session:

1. What area(s) of Relationships did the demonstration explore?
2. How thoroughly did it explore Pam's family relationship?
3. What areas of Relationships were not explored?
4. What did the interviewer do to maintain a nonjudgmental attitude? to elicit unbiased information? to keep responses relevant to the interview objectives?
5. Did the interviewer's questions conform to the Guidelines for Questions?

E. Open-ended question round: *Simulated Interviewing* (25 minutes)

Introduce the exercise as practice in forming open-ended questions, using the Relationships content area of the AIG. (Try to establish a "quiz show"—as opposed to classroom—atmosphere.)

1. Conducting the exercise
   a. Divide the group into two teams of nine members each
   b. One trainer should guide team members in turn and keep score and another trainer should referee to make sure that each question meets the criteria listed below
   c. Call time after 15 minutes
   d. Allow two minutes for discussion time
2. The rules are similar to spelldown (spelling bee) rules
   a. One member of team A begins by asking a question following these criteria:
      1) Question must be open-ended
      2) Question must relate to the Relationships content area
      3) It must be a question, not a statement
      4) It must be asked in less than 10 seconds
   b. If the member's question meets the criteria, he remains a member of the team; if not, he is excluded from the team and cannot ask another question
   c. Then team member B asks a question

d. Team members rotate in this fashion until one team has excluded all members, or until the end of 20 minutes

e. The winning team scores more questions or has more members left standing

II. Skill development *small group* **1 hour, 50 minutes**

A. Introduction to role-play practice with client sketches

Refer to Trainer Tips, *p.* 26

1. Introduction of the exercise
   a. The purpose of this exercise is to practice and observe the process of forming questions as related to the Relationships content area of the AIG
   b. Call for subareas of relationships and list on flip chart
   c. Review Developing the Interview, Phrasing Questions & Responses
2. Review the Relationships section of AIG, and handle any questions related to the Relationships section or to skills in forming questions and responses
3. Explanation of the exercise
   a. Explain that this role-play exercise will be similar to the previous practice session (Session 2) except for the following procedures:
      1) Client sketch will be provided only to the participant playing the client to guide him in developing the character
      2) Instead of working in triads, the interviews will take place in front of the rest of the small group of six
      3) Those not involved in the interview will be observing silently and completing the Process Observation Feedback Form
      4) Role-playing interviews will last 5 to 8 minutes with 20 minutes for feedback and discussion after each
      5) The interviewer should assume the counselor role as if he were in the program setting and can also assume that he has seen the client before
4. Formation of three groups of six
   a. Pass out and review the Process Observation Feedback Form
      1) Answer any questions about completing it
      2) Participants should be instructed to take notes during the interview so that specific feedback can be provided

b. Consider participants' anxiety about performing in front of the small group

c. Choose the first pair before the break

(Break) (15 minutes)

d. The role plays should begin

B. Interview simulation (60 minutes)

1. Before each interview, restate the purpose of the exercise: *to practice forming questions and responses using the Relationship content area of the AIG*
2. Make sure participants understand their roles
3. Set up the environment so all participants can see the role play
4. Stress that those observing should focus on the interviewer primarily, so they will be prepared to give feedback
5. All feedback forms should be given to the interviewer
6. You should ask *each* participant who observed to give feedback and ratings
   a. Allow interviewer to respond to each or ask questions to clarify
   b. Then client should give feedback to interviewer
   c. You should guide participant feedback so that it is specific
7. You should be the *last* group member to give feedback
8. Set up next interview

C. Discussion and summary of information learned (10 minuted)

1. Ask groups of three to list the three most important points learned from the entire session
2. Write these on a flip chart
3. Provide the group with general feedback on the overall learning process
4. Allow final questions or comments
5. The process is the same as that in Session 2

III. Integration of learning *large group* **30 minutes**

A. Reports from small groups (15 minutes)

Refer to Session 2, Section III, Part A, for overview and explanation of process (p. 65).

B. Discussion of learning reported above (10 minutes)

1. You should comment on common issues or common points learned as noted on flip charts or from your observations during practice

   Example:
   Some interviewers appeared to be speaking *the question in their heads before saying it aloud. This helps clarify your intention as well as your choice of words. Was that apparent to anyone?*

2. Objectives of Session 2, interview techniques

   a. Example: **Information Gathering Objective**

      Did you feel that you were not getting at the client's relationship because of the nature of the questions or because the responses were not appropriate? What happened?

   b. Example: **Diagnostic/Assessment Objective**

      Were any interviewers observed to be especially good at eliciting information about relationships because of phrasing and timing techniques? What were some techniques?

   c. Example: **Therapeutic Objective**

      Did any group recognize times when trust between the interviewer and the client broke down? When did this occur? What were the dynamics at that time?

C. Linkages and assignments (15 minutes)

1. Summarize the major points and connect them to previous points learned

2. Assignment: Trainee's Manual

   a. Rationality AIG, pp. 25-34

   b. The Interviewer—A Closer Look, *Interviewing Skills*, pp. 60-61

VIDEOTAPE TRANSCRIPTION

CLIENT RELATIONSHIPS

The second videotape demonstrates questioning from Content Area 2, Relationships.

Interviewer: Pam, today I'd like to talk about your family. I'm going to ask you some facts about your family and also how you feel about some things about your family, OK?

Client: Fine.

Interviewer: How many children are in your family?

Client: I've got three brothers and a sister.

Interviewer: And are both your parents living with the children?

Client: Um, hum.

Interviewer: You don't live with your family anymore, do you? How do you get along with your mother and father?

Client: With my mother, OK.

Interviewer: Does that mean that you don't get along OK with your father?

Client: I get along better with him since I moved out.

Interviewer: What was your childhood like?

Client: It was pretty neat.

Interviewer: Could you describe what that means?

Client: It's OK.

Interviewer: I don't know what OK means. What does an OK childhood mean to you?

Client: You know, it's normal and . . . .

Interviewer: Were you happy as a child?

Client: Yes.

Interviewer: Were you happy as an adolescent?

Client: Yeah.

Interviewer: What sort of things in your family situation helped you to be happy? Made you perceive your situation as being happy?

Client: We had a good time. You know, we used to spend summertimes together. We used to go out for these vacations. That was a treat.

Interviewer: The whole family?

Client: Yeah.

Interviewer: What sort of things did you do?

Client: Ah, we went to lakes and went swimming, stuff like that. Go for a week or two at a time.

Interviewer: How did you get along with your brothers and sisters as you were growing up?

Client: Fine.

Interviewer: No arguments, no hassles?

Client: Well, I had to punch a few of them around, but . . . .

Interviewer: Who's your favorite sibling?

Client: My younger sister.

Interviewer: How much younger is she?

Client: She's about four years younger than I am.

Interviewer: Were your parents ever separated as you were growing up?

Client: Yeah, they got divorced once.

Interviewer: They were divorced?

Client: Yeah, but they got remarried. It's fine.

Interviewer: How old were you at the time?

Client: Oh, I don't know, I guess I was about 16.

Interviewer: How did you feel about that?

Client: Well, it was really strange. But they got married again, so that's OK.

Interviewer: It was strange when they got divorced? It just felt strange to you?

Client: Yeah. You see, my mother is this—she is kinda quiet—[a] rock. [But] she [got not] so quiet; my father left.

Interviewer: Pam, tell me more about that. What it was like the day your mother and father split up?

Client: Um, it was a normal day until they fought.

Interviewer: What did they fight about?

Client: My mother didn't like some of the things my father was doing.

Interviewer: What sorts of things?

Client: He was out moving around.

Interviewer: Moving around?

Client: Yeah, moving around, you know. Fucking around is what he was doing.

Interviewer: And your mother found out?

Client: Um, hum.

Interviewer: She had no inkling of that before?

Client: Oh, I don't know.

Interviewer: You just know that's what they argued about at this particular time?

Client: Um, hum.

Interviewer: And your mother blew up once and your father left? Well, what would have happened if he'd stayed? [Long pause] You don't know? Your mother was angry and your father was angry, but he chose to leave. You don't know what might have happened if he had stayed.

Client: It's better that he left.

Interviewer: How do you mean it was better?

Client: Well, I, you know, I guess if he hadn't left, he would have hit her?

Interviewer: So your mother blew up and if your father hadn't left, he would have hit her or beat her up? So the alternative is that he should leave?

Client: Yeah.

Interviewer: What were you feeling like? When your father left?

Client: I was glad he left.

Interviewer: You just had a feeling of being OK, happy, sad, what?

Client: I was pretty sad. I was a little scared, but you know, he left and it was OK.

Interviewer: Did he say anything to you when he left?

Client: No.

Interviewer: What had been your relationship to your father prior to his leaving?

Client: I stayed out of his way.

Interviewer: What's that mean?

Client: It means I stayed out of his way.

Interviewer: Yeah, but you say you recall a happy or humorous image but you "stayed out of his way" doesn't sound happy or humorous.

Client: I used to figure out little ways, OK, to indicate to my father that I liked or didn't like certain things that he was doing.

Interviewer: What sort of ways?

Client: (Laughs) One day, I was a little kid, I stuck tacks in his chair.

Interviewer: And what did he do?

Client: He sat on them. (Laughter)

Interviewer: And what did he do?

Client: Nothing, he got up, you know.

Interviewer: Did he know that you'd done it?

Client: No.

SESSION 4
THE INTERVIEWER: A CLOSER LOOK
AND
CLIENT RATIONALITY

SESSION OVERVIEW
THE INTERVIEWER: A CLOSER LOOK
AND
CLIENT RATIONALITY

I. Goals

A. To develop an awareness of how the trainees' own personal characteristics affect the interview

B. To facilitate the trainees' understanding of the rationale for the line of questioning used in Rationality (Content Area 3 of the *Assessment Interviewing Guide*)

II. Objectives

By the end of the session, each trainee should be able to

A. Identify at least two psychological concepts of Content Area 3, Rationality, for example,

1. Why it is important to know if a client experiences extreme mood swings
2. Why it is important to know how well the client controls strong feelings or impulses

B. Identify at least two subareas within Rationality, for example,

1. Is the client suicidal?
2. Does the client have the potential for violence?

C. Identify some of his own thoughts, feelings, behaviors, and attitudes that surface during an interview and affect it

III. Reading Assignment

A. Rationality, AIG, pp. 25-34

B. The interviewer: A Closer Look, *Interviewing Skills*, pp. 60-61

IV. Handouts

A. Process Observation Feedback Form III (36 copies, 2 per trainee)

B. Behavioral Assessment Inventory (18 copies, 1 per trainee)

SCHEDULE

3½ hours total

I. **Concept building *large group***	**1 hour**
A. *Interviewing Skills:* The Interviewer a Closer Look	(15 minutes)
B. Rationality	(15 minutes)
C. Demonstration videotape (related to A & B above)	(10 minutes)
D. Discussion	(20 minutes)
II. **Skill building *small group***	**2 hours**
A. Describing the interviewer's feelings and attitudes	(25 minutes)
B. Introduction to interviewing practice with client sketches	(10 minutes)
(Break)	(15 minutes)
C. Interview simulation	(55 minutes)
D. Discussion and summary of learning	(15 minutes)
III. **Integration of learning *large group***	**30 minutes**
A. Reports from small groups	(15 minutes)
B. Discussion of learning reported above	(10 minutes)
C. Linkages and assignments	(5 minutes)

METHOD OF PRESENTATION

1. **Concept building *large group*** **1 hour**

   This concept building period is identical in format and purpose to those in Sessions 2 and 3.

   A. *Interviewing Skills:* The Interviewer: A Closer Look (15 minutes)

      Major points to be emphasized during this presentation are as follows

      1. The interviewer's need for awareness of his own thoughts, feelings, behaviors, and attitudes
      2. The interviewer's effect on the interview through questions, responses, facial expressions, expectations
      3. The factors that affect the interview
         a. Behavioral characteristics
         b. Psychological factors
         c. Behavioral factors

      Refer to the Trainee's Manual, pp. 60-61 *for additional content.*

SUGGESTED FLIP CHART OUTLINE

Factors affecting the interviewer, the client, and their interaction:

1. Background characteristics
2. Psychological factors
3. Behavioral factors

B. Rationality

Major points to be emphasized during this presentation are as follows

1. The importance of identifying persons who may be psychotic, suicidal, or prone to violence
2. The influence on drug abuse treatment of severe psychological disturbances, such as manic-depressive and depression illnesses
3. The importance of assessing impulse control in relation to designing a treatment plan
4. The importance of differentiating between impulsive or premeditated forms of violence and considering their influences on treatment planning
5. The Behavioral Assessment Inventory
   a. Used to record the client's behavior during this interview
   b. Can help the mental health consultant identify clients with severe psychological disturbances

Refer to the Trainee's Manual, pp. 25-34, for additional content.

SUGGESTED FLIP CHART OUTLINE

Rationality

1. Extreme mood swings
2. Suicidal tendencies
3. Control of strong feelings
4. Potential for violence

C. Demonstration videotape (10 minutes)

The trainees' tasks in watching this videotape are the same as those in Sessions 2 and 3. The flip chart listing the tasks shoud be displayed again.

D. Discussion (20 minutes)

In addition to the general questions outlined in Session 2, the following questions specific to this session may be used:

1. What area(s) of Rationality did the demonstration explore?
2. How thoroughly did it explore Pam's handling of her anger?
3. How does this relate to Rationality?
4. What areas of Rationality were not explored?
5. What interviewer thoughts, feelings, behaviors, and attitudes surfaced during the interview?
6. How did they affect the client? the interviewer?
7. How did the interviewer handle them?

*Five minutes should be allowed following the viewing of the videotape for the trainees to complete the Behavioral Assessment Inventory on Pam (Trainee's Manual, p.*139*.)*

II. **Skill building** ***small group*** **2 hours**

A. Describing the interviewer's feelings and attitudes (25 minutes)

1. Begin the discussion by clarifying questions or seeking comments on the mini-lecture concerning the interviewer's feelings, perceptions, and attitudes
2. Ask each participant to describe the *most difficult* client he has ever encountered

   Participants should note:

   a. How the client made them feel—defensive, angry, threatened, etc.

   b. Any of their own perceptions or attitudes they could identify.

   c. The source of the difficulty: what it was on the part of the client, or counselor, or both, that made this encounter difficult
3. After each participant has described his experience, you should ask for comments and questions

   a. Point out that the purpose of the exercise has been to show how strong feelings and attitudes influence the interview relationship

b. Total time for the entire discussion should be about 15 minutes

4. Based on the experiences and clients described, try to identify some common behavioral characteristics of the clients that emerged
   a. Some examples might be: con games, seduction, victimization, racial games
   b. Have participants assist in examining how labels are used to classify clients
5. Select one of the labels chosen (i.e., con artist) and write it on a flip chart; draw a circle around it
   a. Ask participants to name words they associate with that type of behavior
   b. Write the words on the flip chart
   c. Give an example (see below)

6. Ask participants to look at the words they have called out

   a. They should count how many are generally *positive* and how many are generally *negative*

   b. Then participants discuss how the attitudes reflected in this exercise can influence interaction

   c. Total time for this exercise is 15 minutes

B. Introduction to interviewing practice with client sketches (10 minutes)

1. See guidelines for client sketches in Session 3 and *Trainer Tips*, p. 26

2. Introduce role-play practice as in Session 3

   a. The AIG content should be changed to Rationality

   b. The *Interviewing Skills* content should be changed to The Interviewer: A Closer Look

   c. Questions and comments should be addressed

3. Pass out and review the Process Observation Feedback Form III

   a. Note the addition of The Interviewer: A Closer Look

   b. General comments on good feedback should be made

4. The first pair for the interview should be chosen before the break

(Break) (15 minutes)

5. Role plays begin

C. Interview simulation (as in Session 3) (55 minutes)

1. Make sure that participant pairs and roles are different each time, so that by the end of Session 5 all participants will have assumed the roles of interviewer and client

2. Conduct at least two role plays of 5 to 8 minutes each, allowing 20 minute discussion for each one

D. Discussion and summary of learning (as in Session 3) (15 minutes)

III. **Integration of learning *large group*** **30 minutes**

A. Reports from small groups (15 minutes)

B. Discussion of learning reported above (10 minutes)

1. Comment on important issues evidenced on flip charts or through observations during practice

Example:

The interviewer seemed more relaxed during this session. What are some nonverbal ways the interviewer can create a more positive impression of himself?

2. Objectives of the interviewer

   a. Example: **Information Gathering Objective**

      Did any of the groups feel that some behaviors and responses of the interviewer tended to make the client speak more than he wanted to? What were these?

   b. Example: **Diagnostic/Assessment Objective**

      What kind of interviewer characteristics would best reveal the rational level of the client without threatening him? Were there examples of this today?

C. Linkages and assignments (5 minutes)

1. The phrasing of questions and responses are skills to be practiced in Session 5, and may be the subjects of discussion and feedback

2. The interview is beginning to show details about the client with indications of appropriate treatment; the development of the case history should be completed by the end of the next session

3. Assignment: Trainee's Manual

   a. Resources, pp. 35-47

   b. Terminating the Interview, pp. 62-63

VIDEOTAPE TRANSCRIPTION

VIDEOTAPE TRANSCRIPTION

Session 4

CLIENT RATIONALITY

The third videotape demonstrates questioning from Content Area 3, Rationality.

Interviewer: Pam, I'd like to talk some today about feelings, and how you handle your feelings. Have you ever been depressed?

Client: (Laughter)

Interviewer: Is that amusing?

Client: Yeah, well, I mean, you know. I'm 21 years old and of course I've been depressed. That's funny.

Interviewer: Is it funny because I should have known and assumed that you get depressed?

Client: Yeah. You're no dummy.

Interviewer: Tell me about one of your depressions. What's it like to be depressed?

Client: I sleep late and don't get up, stuff like that.

Interviewer: Spend a lot of time in bed?

Client: Um, hum

Interviewer: How are you feeling when you are spending time in bed?

Client: Have you ever been depressed?

Interviewer: I have, but that doesn't matter. No two people are depressed the same.

Client: Oh, yeah?

Interviewer: I'm interested in how you handle your depression. And how it feels to you when you are depressed.

Client: It's rotten.

Interviewer: Can you tell me about one specific time? When you've been depressed? You mentioned in one of our earlier interviews one of your friends ODing [overdosing]—was that a time when you were depressed?

Client: No, I was happy.

Interviewer: Seems to be touchy.

Client: Yeah, I didn't feel good at all.

Interviewer: Well, [what] I'm trying to explore with you right now is what you do when you are depressed, how you feel, where you go with it, and how you come out of it.

Client: I go nowhere, I do nothing, it's a bummer.

Interviewer: How long do your depressions usually last?

Client: I don't know. I guess I don't know when I'm *not* depressed.

Interviewer: So you see yourself as being depressed a lot.

Client: Yeah, I mean I don't run around saying "I'm depressed a lot." You know.

Interviewer: Is that what it feels like?

Client: No, that isn't what it feels like. I don't think of it as being depressed. It's kind of like tomorrow.

Interviewer: Are you going to be depressed?

Client: Yeah.

Interviewer: What I thought you were saying is that you don't, you can't tell when you are not depressed.

Client: Right.

Interviewer: Which means to me that your consistent experience is of being depressed.

Client: Right, but I don't think of it as being depressed. I think of it as tommorow, you know?

Interviewer: No.

Client: I mean it's today, it's tomorrow, it's yesterday, it's . . . .

Interviewer: So it's all the same thing and you just sort of accept the fact that you are depressed, down. Do you ever think about harming yourself in any way when you are down or depressed?

Client: Naw.

Interviewer: How do you handle it? How do you come out of it?

Client: If I knew that, I wouldn't be sitting here, right?

Interviewer: Is this one of the times when you think seriously about continuing to use drugs? When you're depressed?

Client: I don't think about using drugs?

Interviewer: You just do it.

Client: Yeah. You seem to think that everything is this big, you know, conscious—I'm depressed today, I'm gonna do this today. You know, it isn't. You don't do that. You just do it.

Interviewer: You think I think you make conscious decisions about doing things and being . . . .

Client: Yeah, big words and stuff.

Interviewer: You're not liking the words that I'm using when I'm talking to you?

Client: Well, I think they're yours, not mine.

Interviewer: I think that's important. Because if I'm going to be talking with you, it's important that you understand what I'm saying and that we be talking about the same thing. And I'd like to know from you, what sorts of words I'm using that don't sit right with you, don't make sense to you. I'd like to be able to talk to you in a way that you understand. I'd like you to tell me that now.

Client: Well, you know, you were talking about being depressed and stuff, you know. Is it something new or different or something that happened, like snow, you know. It doesn't do that. And I don't think about it. It just seems strange.

Interviewer: That doesn't sound like the word, it sounds to me as if you are angry that I asked you that question, that somehow I should know better.

Client: You use the word depressed you know, like some people use the word "velvet jacket." You know, "Did you put on your velvet jacket today?" Yes or no. Did you put on your depression today, yes or no. You know. It doesn't make any sense to me.

Interviewer: OK, so is it the word or is it the question?

Client: Probably both.

Interviewer: Somehow, my asking you "Are you depressed? or "Do you get depressed?" is one [a question] you are not comfortable with?

Client: Yeah.

Interviewer: How did you feel when I was asking you that?

Client: I don't know.

Interviewer: You don't know or you won't tell me?

Client: I told you I thought it was dumb.

Interviewer: OK, so you were just feeling that it was a dumb question?

Client: Yeah.

Interviewer: It looked to me as if you were getting angry. Were you feeling angry?

Client: No.

Interviewer: Why the smile?

Client: I don't like to get angry at people.

SESSION 5
TERMINATING THE INTERVIEW
AND
CLIENT RESOURCES

SESSION OVERVIEW
TERMINATING THE INTERVIEW
AND
CLIENT RESOURCES

I. Goals

A. To facilitate understanding of the skills required in terminating the interview

B. To help the trainees' understand the rationale for the line of questioning used in Content Area 4, Resources, of the *Assessment Interviewing Guide*

II. Objectives

By the end of the session, each trainee should be able to

A. Identify at least two psychological concepts described in the rationale section on client resources, for example,

1. Environmental factors that may help or hinder treatment
2. Client strengths and weaknesses to be considered in planning treatment

B. Identify at least two subareas within Resources, for example,

1. Employment
2. Job skills
3. Competencies

C. Identify at least one question the interviewer may use within the subarea

D. Demonstrate skills in terminating the interview, for example,

1. Summarizing accomplishments
2. Discussing expectations
3. Making closing comments

III. Reading Assignment

A. Resources, AIG, pp. 35-47

B. Terminating the Interview, *Interviewing Skills,* pp. 62-63

IV. Handouts

Process Observation Feedback Form IV, (24 or 36 copies, depending on the number of simulations)

SCHEDULE

3 ½ hours total

I.	**Concept building *large group***	**1 hour**
	A. *Interviewing Skills:* Terminating the Interview	(15 minutes)
	B. Content Area 4: Resources	(15 hours)
	C. Demonstration videotape	(10 minutes)
	D. Discussion	(20 minutes)
II.	**Skill building *small groups***	**2 hours**
	A. Interview simulation	(60 minutes)
	(Break)	(15 minutes)
	B. Discussion of *Interviewing Skills* and AIG	(30 minutes)
	C. Discussion and summary of information learned	(15 minutes)
III.	**Integration of learning *large group***	**30 minutes**
	A. Reports from small groups	(15 minutes)
	B. Discussion of learning reported above	(10 minutes)
	C. Linkages and assignments	(5 minutes)

METHOD OF PRESENTATION

I. **Concept building *large group*** **1 hour**

A. Terminating the Interview (15 minutes)

Major points to be emphasized during this presentation

1. Interaction with client at this point should include
   a. Summary of accomplishments
   b. Discussion of expectations
   c. A clear statement indicating that the interview is being terminated
2. Review and analysis of reactions as interviewer
   a. Should contribute to future interviewer's effectiveness
   b. Should serve as foundation for treatment plan

Refer to Trainee's Manual, pp. 62-63 *for additional content to be covered.*

SUGGESTED FLIP CHART OUTLINE

Termination Components

1. Summary of interview process
2. Discussion of expectations
3. Closure

B. Content Area 4: Resources (15 minutes)

Major point to be emphasized

Identification of client resources is vitally important in the development of an effective treatment plan

Refer to AIG, pp. 125-130

SUGGESTED FLIP CHART OUTLINE

Resources

1. Employment
2. Job skills
3. Competencies
4. Leisure, fun
5. Home
6. Legal problems
7. Education
8. Medical problems
9. Family
10. Income source
11. Mobility
12. Other agencies

C. Demonstration videotape (10 minutes)

Refer to Session 2, Section 1, Part C, for overview on videotapes demonstration and explanation of process.
The flip chart from Session 2 listing the viewers' tasks should be used for this session also.

D. Discussion (20 minutes)

The general discussion questions from Session 2 can be used in this session, with the following discussion questions specific to this session:

1. What area(s) of Resources did the demonstration explore?
2. How thoroughly did it explore Pam's education resources?
3. What areas of Resources were not explored?
4. Did the interviewer cover all of the points in Terminating the Interview?

II. **Skill building *small group*** **2 hours**

A. Interview simulation

1. Introduce role-play practice exercises as in Sessions 3 and 4, with the change in focus to Resources and Terminating the Interview, clarifying questions before the simulations begin
2. Each trainee should act out each role
3. Provide feedback concerning simulations using Process Observation Feedback Forms
4. Additional role plays may be conducted if time allows
5. Practice should follow same guidelines as in Sessions 3 and 4

(Break) (15 minutes)

B. Discussion of *Interviewing Skills* and AIG (30 minutes)

1. Note that this is the last session devoted solely to *Interviewing Skills* and AIG so questions and comments should be discussed at this time
2. Build the agenda for this half-hour discussion
   a. In the first 5 to 10 minutes, put issues or questions on a flip chart as trainees cite them
   b. List by priority those the group feels should be covered before the session ends
   c. Discuss these for the next 20 to 25 minutes
3. Comment on important points that were noted often on the flip charts or observed during practice

C. Discussion and summary of information learned (15 minutes)

1. You should be able to speed up this process based upon the final agenda
2. Trainees should spend at least ten minutes summarizing what they have learned in the small groups, and final feedback should be provided to each member

III. **Integration of learning *large group*** **30 minutes**

See Session 2, Section III for process notes

A. Reports from small groups (15 minutes)

B. Discussion of learning reported above (10 minutes)

C. Linkages and assignments (5 minutes)

1. Connect all four content areas and lead into the ultimate goal of the interviews: case history preparation and treatment planning
2. Read: Trainee's Manual *The Case History*, pp. 65-70 and *Treatment Planning*, pp. 71-77

VIDEOTAPE TRANSCRIPTION

CLIENT RESOURCES

The fourth videotape demonstrates questioning from Content Area 4, Resources.

Interviewer: Pam, today I'd like us to talk about some of the things that you feel you do well and perhaps some of the things you feel you don't do especially well. And those things might be things we can work on during the course of treatment. What sort of things do you do that help you feel good about yourself?

Client: I think I deal with people OK. Like I get what I want.

Interviewer: Is that the thing that makes you feel best about yourself? That you think you do well?

Client: Yeah.

Interviewer: What are some of the other things that you do well?

Client: Uh, I don't do that anymore.

Interviewer: That was sort of cryptic. I presume that meant drugs.

Client: Yeah. I think that's about it.

Interviewer: Do you have any skills?

Client: Sure, what have you got?

Interviewer: Do you know what I mean when I say skills? What kinds of things do you know how to do? Do you know how to build model airplanes, for instance?

Client: Hardly. I went to cosmetology school, but I don't like that.

Interviewer: So you trained as a beautician?

Client: Yeah. I don't like that.

Interviewer: Did you discover that you didn't like it before or after you went to the school?

Client: After.

Interviewer: What were the things about that job that you didn't like?

Client: It's dumb.

Interviewer: Dumb? In what way?

Client: Ah, just didn't, you know. I guess I wasn't really dealing *with* people, just doing [things] to people.

Interviewer: You don't like doing things to people?

Client: No, I didn't like that. I thought it was going to be different.

Interviewer: Where were you trained to do this?

Client: Mr. Robert's.

Interviewer: Mr. Robert's Beauty School?

Client: Yeah, he's quite a treat.

Interviewer: Then, Pam, I assume you finished high school.

Client: Yeah.

Interviewer: What were your favorite subjects?

Client: I liked history a lot.

Interviewer: Did you do well? What was it about history that you liked?

Client: Yeah.

Interviewer: Do you have any questions about that?

Client: Sounds OK.

Interviewer: Ok that's what we'll be doing during the course of our next interview. Talking about long- and short-term goals.

Client: (Laughs) Well, you see, if you'll notice, most history departments are staffed by the junior coaches.

Interviewer: I didn't know that.

Client: Well, it was anyway at my school.

Interviewer: So it was the male interest that helped make history appealing?

Client: Yeah, kinda like living history, you know?

Interviewer: Are there any other subjects you like?

Client: Well, I did OK in most of them but I really liked history the best.

Interviewer: Are you saying you did well in history because you related to the male teachers or that you did well because you were interested in the subject because the teacher helped you be interested. I wasn't quite sure what that knowing smile meant.

Client: I seemed to do good in history, OK? I mean I did good in history. And there were men teachers. So I don't know what it was but I liked it and I did good.

Interviewer: What other things are you interested in? Other than people.

Client: Things.

Interviewer: What kinds of things?

Client: I don't know. We used to do a lot of clothes stuff. Yeah, but I don't do that anymore.

Interviewer: What does that mean?

Client: Used to buy a lot of things, get fixed up all the time.

Interviewer: Do you like buying pretty clothes?

Client: I used to.

Interviewer: What happened?

Client: What happened?

Client: Ran out of money.

Interviewer: You ran out of money. What happened to your source of money?

Client: Well, I left my job. I had a job at Saks which is when I was into most of that stuff. And when I left that then I didn't have my own source of money.

Interviewer: What were you doing at Saks?

Client: I was clerking.

Interviewer: Saleswoman?

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Client: Yeah.

Interviewer: So you seem to be interested in things that have to do with beauty culture, adorning — things female.

Client: Yeah, I guess you could say that.

Interviewer: Is that pretty consistent even when you were a child?

Client: True. I guess so.

Interviewer: Pam, in the last few minutes of the interview, I'd like to go back and take a look at some of the things I've learned and check that out with you. My goal for this interview was to talk with you about what you perceive to be your strengths and weaknesses and to talk about some of the things that perhaps you'd like to do that you think you don't do well now. And I learned, I think, two things that are real important. The first is that you talk about your weaknesses much more easily than you talk about your strengths or the things that you do well. Secondly, it appears to me that you have a pattern of impulsively moving into activities or experiences, such as school with Mr. Roberts, and then somehow being disappointed in your experience. What that suggests to me is that perhaps you're not thinking through, clearly, the kinds of things that you want to get out of an experience or an activity and set yourself up to be disappointed or perhaps to fail. How does that feel? Does that feel about right to you?

Client: Make you a deal, OK? Fix me up and then we'll write a book together and make a million dollars.

Interviewer: Think it would make a million dollars?

Client: Sure.

Interviewer: We've learned an awful lot about you in this series of interviews we've been having and at this point I need to begin to summarize all of that information and consult with some other people here on the staff as I look at that information and what I want to do is to get some ideas about long and short term goals that will be unique for you; bring that back to you for our next session and begin to work out specifically with you how that fits for you, does it make sense, what kinds of short term goals are you willing to buy into as part of the treatment process. Does that make sense to you?

SESSION 6
CASE HISTORY
AND
TREATMENT PLANNING

SESSION OVERVIEW
CASE HISTORY AND TREATMENT PLANNING

I. Goals

A. To facilitate the trainees' understanding of the major elements of a written case history and the rationale for keeping records

B. To facilitate the trainees' understanding of the purposes and processes of treatment planning

II. Objectives

By the end of this session, trainees will be able to

A. List the major elements of a written case history

B. Identify the purposes of treatment planning

C. Identify the personnel recommended for a treatment planning board

D. Identify the expected outcomes of a treatment planning board meeting

E. Identify the counselor's role in treatment planning

III. Reading Assignment

A. *The Case History* pp. 65-70

B. *Treatment Planning* pp. 71-77

IV. Handouts

A. Sample Case History, Appendix p. 217 (one each)

B. Sample Treatment Plan, Appendix p. 223 (one each)

C. Sample Behavioral Assessment Inventory, Appendix p. 225 (one each)

SCHEDULE

I. Concept building *large group*	**30 minutes**
A. Introduction to *The Case History*	(15 minutes)
B. Introduction to *Treatment Planning*	(15 minutes)
II. Skills development *small group*	**2 hours 30 minutes**
A. Writing a case history	(30 minutes)
(Break)	(15 minutes)
B. Presenting the case history	(50 minutes)
C. Treatment planning	(40 minutes)
D. Discussion and summary of information learned	(15 minutes)
III. Integration of learning *large group*	**30 minutes**
A. Reports from small groups	(15 minutes)
B. Discussion of learning reported above	(10 minutes)
C. Linkages and assignments	(5 minutes)

METHOD OF PRESENTATION

I. Concept building *large group* **30 minutes**

A. Introduction to *The Case History* (15 minutes)

Major points to be emphasized during this presentation

1. The case history is a written record of client data gathered prior to treatment
2. It organizes relevant information for review and decision making
3. It identifies client status and verifies treatment
4. Case history documentation allows continuity of treatment when changing counselors or programs
5. Case history format parallels the AIG
6. Information from interviews should be organized after each interview
7. The case history is used by the treatment planning board as a basis for establishing the treatment plan
8. The case history joins treatment notes, treatment plan, and all revisions in a package of ongoing case records

SUGGESTED FLIP CHART OUTLINE

The Case History

1. Client identifying data
2. History of problem
3. Current situation
4. Personal and family history
5. Client's current mental status
6. Assessment of client's resources
7. Basis for individualized treatment
8. Organization of information
9. Verification of treatment
10. Continuity of treatment
11. Format based on AIG, the "4 Rs"

B. Introduction to *Treatment Planning* *(15 minutes)*

1. Introduce the chapter with the following points:
   a. Treatment planning provides thoughtful, individualized treatment
   b. Through consultation with others, it offers input from a variety of perspectives
   c. Treatment planning is a requirement of the *Federal Funding Criteria for Treatment Services*
   d. The treatment plan review process allows treatment to reflect changes in client behavior
   e. Each trainee should become aware of the personnel of his treatment planning board
      1) A mental health professional
      2) The interviewer
      3) Other appropriate staff
   f. The interviewer presents the case history and makes treatment recommendations to the board
   g. The interviewer must negotiate the plan with the client as well as with the board
2. Lead a discussion of treatment planning
   a. Focus on clarification of case history writing and treatment planning
   b. Using flip chart, ask trainees to list reasons for treatment planning
   c. Identify from flip chart members of the treatment planning board
   d. See *Trainer Tips* in the Trainer's Manual for additional information

Refer to pp. 71-77 of the Trainee's Manual.

SUGGESTED FLIP CHART OUTLINE

Treatment Planning

1. Reasons for treatment planning
   a.
   b.
   c.
   d.
2. The treatment planning board
   a. Mental health consultant
   b. Other appropriate staff
   c. Counselor (interviewer)
3. The treatment planning process
   a. Case history presentation
   b. Treatment recommendation
   c. Negotiation
   d. Consensus

II. Skill development *small group* **2 hours 30 minutes**

A. Writing a case history (30 minutes)

1. Trainer introduction to the exercise
   a. Allow five minutes
   b. The purpose of this exercise is to teach the trainees to analyze client information and write a case history
   c. Client information
      1) Each trainee should have received the Interview Notes, Intake Information, and Behavior Assessment Inventory about Pam
      2) Trainees are to recall the information elicited by the counselor in the demonstration videotapes, combine it with the written material, and analyze it
      3) From this analysis, the group will arrive at an assessment of the client, Pam
   d. Discussion

      The purpose of the discussion is to help the trainees organize the client information according to the case history format
2. Recording the information
   a. Allow 15 minutes
   b. After the discussion, each trainee independently records the client information on the case history form in his manual, p. 143
3. Comparison with sample
   a. Allow 10 minutes
   b. Pass out sample case history on Pam (Appendix, p. 217)
   c. Trainees compare their case history with the sample
   d. Discuss differences and similarities

(Break) (15 minutes)

B. Presenting the case history (50 minutes)

1. Treatment board simulations *triads*
   a. Allow 45 minutes, 15 minutes each triad
   b. The purpose of this exercise is to give the trainees practice in presenting case histories and treatment recommendations in a brief, well-organized manner
   c. One at a time, each trainee presents the case history he has prepared about Pam (These should each take 5 to 10 minutes)

d. The other two members act as vocational rehabilitation counselor, social services counselor, or legal aid counselor, or any other member of the treatment board (The role of counselor rotates, so each trainee has an opportunity to present his case history of Pam)

e. Discussion and feedback should take 5 to 10 minutes each

2. Discussion and feedback *small group of six*

a. Allow 5 minutes

b. Focus on the accuracy and completeness of the client data presented and on the way trainees handled the processes involved in the presentations

C. Treatment planning *small groups* (40 minutes)

1. Group discussion of client

a. Allow 15 minutes

b. Assign each trainee a role on the treatment board

c. Ask trainee (counselor) to summarize Pam's case history

d. Within 20 minutes, group should arrive at consensus for Pam's treatment plan

2. Writing the treatment plan outline

a. Allow 15 minutes

b. Each trainee completes the outline found on p. 149 of the Appendix to the Trainee's Manual.

3. Comparison with the sample treatment plan

a. Allow 10 minutes

b. Pass out the sample treatment plan found on p. 223 of the Appendix to the Trainer's Manual

c. Trainees compare their treatment plan with the sample

d. Discuss differences and similarities

D. Discussion and summary of information learned (15 minutes)

1. The small groups list and discuss three important points learned

2. Ask trainees to summarize their experience:

a. As presenters (counselors)

b. As writers (counselors)

c. As panel members (all roles)

3. Reinforce the importance of the counselor's role as negotiator for client, and as panel member
4. Answer questions

III. Integration of new information learned *large group* **30 minutes**

A. Reports from small groups (15 minutes)

B. Discussion of learning reported above (10 minutes)

C. Linkages and assignments (5 minutes)

1. Confidentiality arises as an issue in most cases, including Pam's; it must be considered in contacts with:
   a. Parents
   b. Probation officers
   c. Schools
   d. Others
2. Pam's treatment plan may indicate a need for vocational testing
3. Link the above with the next session on *Confidentiality* and *Psychometric Testing*
4. Assignments: Trainee's Manual
   a. *Confidentiality*, pp. 79-88
   b. *Psychometric Tests*, pp. 89-98

SESSION 7
CONFIDENTIALITY
AND
PSYCHOMETRIC TESTS

SESSION OVERVIEW
CONFIDENTIALITY
AND
PSYCHOMETRIC TESTS

I. Goals

A. To develop the trainees' awareness of issues of confidentiality implicit in assessment interviewing for treatment planning

B. To provide basic information on a selected group of the most commonly used psychometric tests

II. Objectives

By the end of the session, each trainee should be able to

A. Identify the counselor's role and responsibilities in maintaining the confidentiality of client records, for example,

1. Distinguishing betweer written and oral disclosures
2. Knowing the processes through which the disclosures must be made
3. Knowing the procedures for storing, maintaining, and using written client records

B. Identify four types of psychometric tests: projective personality tests, objective personality tests, vocational tests, and intelligence tests

III. Reading Assignment

A. *Confidentiality*, pp. 79-88

B. *Psychometric Tests*, pp. 89-98

IV. Handouts

There are no participant handouts for this session; the confidentiality regulations are reproduced from the *Federal Register* and are in the appendices of the Trainee's Manual.

SCHEDULE

3 1/2 hours total

I. **Concept building *large group***	**2 hours 10 minutes**
A. Introduction to *Confidentiality*, Legal and Ethical Issues	(20 minutes)
B. Discussion	(35 minutes)
(Break, in place)	(5 minutes)
C. Introduction to *Psychometric Tests*	(20 minutes)
D. Discussion	(35 minutes)
(Break)	(15 minutes)
II. **Integration of learning *large group***	**1 hour 20 minutes**
A. Summary discussion	(35 minutes)
B. Posttest	(45 minutes)

METHOD OF PRESENTATION

I. Concept building *large group* **2 hours 10 minutes**

A. Introduction to *Confidentiality,* Legal and Ethical Issues (20 minutes)

The purpose of this session is to develop counselors' awareness of issues and legal requirements on the topic of confidentiality. It is not meant to be a detailed exploration.

Major points to be emphasized during this presentation

1. The importance of maintaining professional ethics
   a. Professional ethics are as important as the consideration of the legal aspects
   b. In the counselor-client relationship, they are more important
2. There is a distinction between privileged information and confidential information
   a. The information developed from a lawyer-client relationship is privileged
   b. That developed from a counselor-client relationship is confidential and is not inviolable
3. The program management should establish policies and procedures
   a. For gathering, storing, and using client records
   b. For getting written consent agreements
   c. For disclosing client information
4. Requests for written disclosures require the client's written consent except under certain circumstances
5. Requests for oral disclosures can be tricky, for example:
   a. Disclosing that someone is not in a treatment program violates the regulations
   b. Disclosing that a person is a client is also a violation
   c. There are other such instances—counselors should be aware of them

Refer to the Trainee's Manual, pp. 79-88 *for the commentary on confidentiality, and pp.*153-173 *for the text of the regulations.*

SUGGESTED FLIP CHART OUTLINE

Confidentiality

1. Legal requirements and restrictions
2. Professional ethics
3. Maintenance of client-counselor relationship

Client Records and Disclosures

1. Storing client records
   a. Location of file
   b. Accessibilty to files
   c. Use and maintenance of files
2. Disclosures
   a. Written
   b. Oral

B. Discussion (35 minutes)

The discussion may include some or all of the following areas:

1. The relationship of the regulations and professional ethics to trainees' personal experiences
2. Exploration of local issues of confidentiality, for example, program relations with courts and/or police, which are customary or required by local ordinance and may raise questions of confidentiality
3. The relationships between confidentiality (in both the legal sense and ethical sense) and effective treatment
4. The difference between confidential and privileged information

Note:
NIDA, through the National Drug Abuse Center, is preparing a self-instructional package that explores in detail the meaning and impact of the Federal regulations. Questions and discussion that go beyond the scope of this session may be deferred in view of this fact.

(Break, in place) (20 minutes)

C. Introduction to *Psychometric Tests* (20 minutes)

This is a brief overview of commonly used personality (objective and projective) tests, vocational tests, and intelligence tests. It is not intended to be a detailed exploration.

Major learning to be emphasized during the presentation

1. Proper, appropriate interpretation of test results by counselors will aid in accurate client assessment and treatment planning
2. Some clients will need to take additional psychological assessment tests
3. Some clients will have been given psychometric tests in the past; the evaluation of these should be considered
4. The basic information on each test should include the following:
   a. Details of its administration
   b. Cost
   c. The kinds of test items
   d. What the test measures
   e. Its reliability and validity
   f. How it is scored
   g. How the results are interpreted

SUGGESTED FLIP CHART OUTLINE

Kinds of Psychometric Tests

1. Objective Personality
   a. Minnesota Multiphasic Personality Inventory (MMPI)
   b. California Psychological Inventory (CPI)
   c. Edwards Personal Preference Schedule (EPPS)
   d. Adjective Check List (ACL)
2. Projective Personality
   a. Rorschach
   b. Thematic Apperception Test (TAT)
   c. Bender-Gestalt
   d. Sentence Completion Test
3. Intelligence Tests
   a. Stanford-Binet Intelligence Scale
   b. Wechsler Adult Intelligence Scale (WAIS)
4. Vocational Tests
   a. Kuder Occupational Interest Survey (KOIS)
   b. Strong Vocational Interest Blank (SVIB)
   c. Differential Aptitude Tests (DAT)
   d. General Aptitude Test Battery (GATB)

D. Discussion (35 minutes)

1. Discuss the issues that may arise concerning:
   a. Over-reliance on tests
   b. Misinterpretation
   c. Cultural bias within the tests
2. For these reasons, psychometric tests should be used only for specific purposes and the interpretations limited to those purposes
3. Eliciting trainees' experiences in the use of tests can contribute greatly to the information and understanding about:
   a. The kinds of tests used
   b. The reasons they were used
   c. The advantages and disadvantages of the tests used
4. An issue of importance is the practicality of specific tests
   a. Where necessary, are there local professionals who can administer, score, and interpret the tests?
   b. How cost effective is the use of a specific test?

(Break) (15 minutes)

II. **Integration of learning *large group*** **1 hour 20 minutes**

A. Summary discussion (35 minutes)

1. View the course as a whole and relate its use to counseling on the job
2. Answer questions that deal with the overall intent and impact of the course
3. With trainees, list general points learned during the session

B. Posttest (45 minutes)

1. The posttest is administered exactly as the pretest
2. Be certain that the trainees do not take the same form of the test they took as the pretest

APPENDICES

TESTING—ONE, TWO, THREE*

This section describes the development of the tests, Forms A and B, how they were tested during the field trials, the results of the field trials, and how the final version of the tests was developed. Following this description are instructions for using the participant opinionnaires and for administering the test. Finally, the section contains the answer keys to the tests, answer sheets, and the tests themselves.

DEVELOPMENT OF THE PRETESTS AND POSTTESTS

Pretests and posttests developed for Assessment Interviewing for Treatment Planning had to meet four requirements. First, and most important, each item was to measure a specific course objective. A test meeting this condition can be used to measure the extent to which students have mastered the intended skills, attitudes, and knowledge.

A second requirement was that instruments would measure the trainees' ability—

- to interpret situations in terms of the principles taught;
- to apply these principles to specific counseling situations; and
- to recall the specific principles themselves.

Third, the test had to be one that could be scored objectively, quickly, and easily. There is a vast body of research literature that suggests that this requirement is virtually impossible to achieve through open-ended (free-response) items. This requirement, then, suggested some form of forced-choice instrument.

The last requirement was for a test that involved simulations, so that a degree of realism would be portrayed. However, simulations involving live actors cannot be standardized, and the use of videotapes or other equipment would make the tests dependent on relatively elaborate machines, force all examinees to do each question at a fixed pace, and reduce the number and variety of problems to be solved during any given amount of examination time.

To meet these four requirements, it was decided to design a test containing true-false and multiple choice items, with several items based on a simulated situation described in a preceding paragraph. The specific objective to which each item applied would be identified. Each item would also be identified as measuring knowledge at one of three levels of sophistication:

- *Simple recall* of material contained in the course
- *Interpretation* of situations and actions in terms of principles contained in the course
- *Application* of these principles to problem situations

One hour was available for testing at the beginning and end of the course schedule suggesting that approximately 60 items for each test could be included.

Items appropriate to each objective were written and assigned to one of the three levels of sophistication according to the type of problem to be solved. Preliminary items were reviewed for accuracy and to ensure that only one response was correct. Approximately twenty members of the National Drug Abuse Center staff reviewed the tests. Based on their performance and comments, items were revised where required. Two forms of equal length with the same number of items measuring each level of knowledge of each objective were developed. Form A and Form B were both used in the field trial. Each form contained 62 items.

*This section, including tests, data analysis, interpretation, was written by David A. Churchman, Ed. and Andrew L. Lott, M.A.

Field Trials

The instruments and the course were field tested at sites in Jacksonville, Florida, and Newark, Delaware. Three trainers conducted the field trials, following the recommended ratio of one trainer per six trainees. A different training team was used at each site, but each team had the qualifications specified in Chapter One of this manual. Two of the trainers of each team were from the field test sites and were known by most of the trainees. One trainer at each site was from the training assistance staff at NDAC and was unfamiliar with the course development or course content. All of the trainers were briefed by the course developers prior to delivery. The Jacksonville, Florida, trainers were briefed one week before the field trial while the Newark, Delaware, trainers were briefed three weeks before field trial. The briefing was considered necessary since the Trainer's Manual at that time was a rough draft in basic outline form.

As indicated in Table 1, both trainee samples were remarkably similar, and appear to be typical of the target audience for the course. While the field test sites do not in any way represent a true random sample, our experience suggests that results similar to those achieved in the field tests can be expected with other groups having similar backgrounds.

Results

To determine whether the course produced significant learning gains, correlated t-tests were used to discover whether significant differences existed between pretest and posttest scores at each field test site, and at the sites combined. Because the instruments themselves were in the developmental stage, and possibly of unequal difficulty, counterbalancing was used to control for order effects. At each field test site the trainees were divided randomly into two groups of equal size, one of which was pretested using Form A and posttested using Form B; the other group was tested in the reverse order (Form B then Form A). Consequently, a total of six correlated t-tests were calculated (see Table 2). All showed significant differences ($p<.05$) in the desired direction. Gain scores ranged from 10 percent to 16 percent on each of the tests.

Individual scores indicate that the tests have an appropriate range of difficulty. It could be expected that 95 percent of all individuals pretested would achieve scores between 18 and 50 (out of 62); similarly, it could be predicted that 95 percent of all individuals posttested would achieve scores between 25 and 59. That is, the tests were neither unreasonably difficult nor unreasonably easy either as a pretest or a posttest, and pretest scores were low enough to identify learning gains.

To determine whether and to what extent Forms A and B of the test are parallel, uncorrelated t-tests were calculated. The purpose was to discover if significant differences existed between the forms when used both as pretests and posttests at both field test sites and at the sites combined. None of these t-tests showed statistical significance, suggesting that the instruments were similar in overall difficulty.

The same data, however, highlights a curious feature of the original tests. Form A was slightly more difficult than Form B when given as a pretest, and slightly easier than Form B when given as a posttest. This suggested that Form A was more sensitive to the course objectives than Form B. Identification of the particular items that caused the problem required data on the relative difficulty of items for the entire population, and data on the items' relative sensitivity to learning. The former may be expressed as the percentage of examinees scoring correctly on a given item during posttesting. The latter may be expressed as a percentage that is the difference in the number of "good" and "poor" students (as judged by overall test score) answering an item correctly. Both types of information are summarized in Table 3. It is apparent from this figure that Form A has a greater number of items that are highly sensitive to learning than does Form B.

Development of the Final Instrument

Table 3 is an analysis of the field test version of the instrument. This analysis involved:

1. Elimination of all items that were missed more often on the posttest than on the pretest
2. Elimination of all items that discriminatzd less than .33 between "good" and "poor" students (see footnotes Table 3)
3. Elimination of the items related to objectives that were eliminated during revision of the course itself (not surprisingly, these items usually failed on the first two criteria as well)
4. Random regrouping of the items related to each objective into two new test forms; calculation of the overall difficulty index for the items related to each objective; switching of items between forms until approximate equality was achieved
5. Checking the difficulty level of each form by averaging the indices for each set of items related to a particular objective (see Tables 4A and 4B) (A single switch of one such group corrected a 1 percent difference and brought the forms to within .14 percent of being perfectly parallel, within the unknown limitations of the original data.)
6. Regrouping so that true-false items were first and multiple choice items second

The final version of the tests appears in this section.

Table 1

DEMOGRAPHICS FIELD TRIAL SAMPLE

		Jacksonville, FL	Newark, DL	Total
AGE	$\bar{X}$• years	27	29	28
	Range	22-42	20-41	20-42
SEX	Male	8	13	21
	Female	10	5	15
	Total	18	18	36
ETHNICITY	White	11	13	24
	Latino	0	2	2
	Black	7	3	10
	Total	18	18	36
EDUCATION	High school	1	2	3
	Some college or post-high school	8	3	11
	Bachelors degree	4	11	15
	Masters degree	5	2	7
	Total	18	18	36
JOB TITLE	Counselor	14	15	29
	Other direct client services	2	0	2
	Administrator	1	1	2
	Other	1	2	3
	Total	18	18	36
TIME IN PRESENT JOB	$\bar{X}$ years	1.25	1.20	1.22
	Range	.1—4.0	.1—1.1	.1—4.0
TOTAL TIME IN DRUG ABUSE RELATED WORK	$\bar{X}$ years	2.16	1.67	1.90
	Range	.2—7.0	.1—4.83	.1—7.0

•$\bar{X}$ = Average or Arithmetic Mean

Table 2

Summary Data and Statistics on Test Forms A and B

		FLORIDA								DELAWARE								COMBINED TOTAL							
		N	$\bar{X}_1$	SD_1	N	$\bar{X}_2$	SD_2	$\bar{X}_1 - \bar{X}_2$	t	N	$\bar{X}_1$	SD_1	N	$\bar{X}_2$	SD_2	$\bar{X}_1 - \bar{X}_2$	t	N	$\bar{X}_1$	SD_1	N	$\bar{X}_2$	SD_2	$\bar{X}_1 - \bar{X}_2$	t
PRETEST/TOTAL Correlated t-test	Form A then Form B	8	33.0	10.02	8	39.12	10.56	6.12	-2.34*	8	35.62	5.60	8	44.62	4.24	9.00	-9.33*	16	34.31	7.96	16	41.87	8.27	7.56	-5.42*
	Form B then Form A	9	35.66	7.24	9	43.44	10.71	7.78	-3.43*	8	37.75	7.88	8	47.75	6.58	10.00	-3.96	17	36.64	7.39	17	45.47	9.01	8.83	-5.32*
Form A vs. Form B as Pretest Uncorrelated t-test		8	33.0	10.02	9	35.66	7.24	2.66	-.63	9	34.44	6.32	9	37.00	7.71	2.56	-.76	17	33.76	8.03	18	36.33	7.29	.43	-.99
Form A vs. Form B as Posttest Uncorrelated t-test		9	43.44	10.71	8	39.12	10.56	4.32	.83	8	47.75	6.58	8	44.62	4.24	3.13	1.12	17	45.47	9.01	16	41.87	8.27	3.60	1.19

N = Number of trainees X = Arithmetic Mean SD = Standard Deviation t = computed t *p < .05

Table 3

SENSITIVITY AND POWER OF DISCRIMINATION OF FIELD TEST ITEMS

Sensitivity	Original Form A (62 items)	Original Form B (62 items)
High[1]	2* 9 10* 11 13 14 15 16 17 18 19 20* 21 22 23 24 25* 27 28 29* 31* 32 40 42 43 45 47 50 52 53 54 59* 61 62*	4* 9 10* 14* 15 17* 19 24* 35 36 37 39 45 48 50* 54 57 58 61 62
Low[2]	3 4 5 6* 12 33 34 38 41 46* 51* 56 58	3 6* 7 8 11* 12* 13* 16 20 29 31 33 34 40 41 49* 51* 52* 55* 59*
Negative[3]	1* 7 8* 26 30* 35* 36* 37 39* 44 48 49 55 57 60	1* 2* 5 18* 21 22 23 25 26 27 28 30 32 38 42 43 44* 46* 47* 53* 56 60

*Item that discriminates .33 or less between good (that is, the top 1/6th) and poor (that is, the bottom 1/6th) of all students on the basis of their overall scores.

[1]High sensitivity is an item for which at least 10 percent more students gave correct answers after instruction.

[2]Low sensitivity is an item for which from 1 to 10 percent more students gave correct answers after instruction.

[3]Negative sensitivity is an item for which more students gave *incorrect* answers after instruction.

Table 4A

ITEM DATA

Form A

Item	Difficulty Pretest	Index[1] as Posttest	Power of Discrimination[2]	Key	Objectives[3]	Course Reference
1	89	100	0	T	1	15-24, 35-47
2	94	95	33	T	1	25-34
3	56	59	100	T	2	55-59
4	50	75	67	F	1	18
5	94	100	33	T	2	7-12, 51-59
6	67	77	67	F	2	57-58
7	36	58	67	A	6	93
8	77	81	67	B	6	93
9	59	75	67	A	6	92
10	24	56	100	D	6	97
11	53	81	67	A	6	92
12	59	87	33	C	1	29
13	42	62	33	D	1	45-46
14	24	31	33	D	1	46
15	48	56	33	D	1	43
16	31	56	33	A	1	11-12
17	18	56	67	D	1	40
18	56	75	67	D	1	41-42
19	61	81	33	A	1	9-10
20	83	87	33	A	1	7-8
21	75	75	33	B	1	18-19
22	48	75	100	D	2	58
23	65	75	33	B	4	73
24	59	75	33	B	3	67-70, 134-136
25	48	62	67	E	4	73-74
26	30	56	100	D	3,5	62-63, 67-68
27	72	83	33	E	4	73-75
28	42	43	67	A	2	15-35, 51-63
29	30	37	67	A	1,2	27-31
30	38	65	33	A	2	53-54

[1]Percent of examinees responding correctly
[2]Percent of examinees with highest 1/6 of all scores responding correctly to the items *minus* percent of examinees with lowest 1/6 of all scores responding correctly to the item, as a posttest.
[3]Referenced to training objectives on pp. 6-8 of Trainer's Manual.

Table 4B

ITEM DATA

Form B

Item	Difficulty Pretest	Index[1] as Posttest	Power of Discrimination[2]	Key	Objectives[3]	Course Reference
1	89	93	33	T	1	39
2	22	89	33	F	1	7-12, 74-75
3	61	67	33	T	1	28
4	94	100	33	T	1	18
5	81	81	33	T	2	51-63
6	33	50	67	A	6	91-92, 93
7	40	67	67	A	6	91-92, 93
8	75	86	33	D	6	97
9	33	60	33	B	6	94
10	33	71	33	D	6	97
11	72	81	33	C	1	29-30
12	38	43	67	D	1	46
13	89	93	33	C	1	30-31
14	38	62	33	A	1	11-12
15	07	28	33	D	1	40
16	71	81	33	A	1	7-9
17	83	87	33	B	1	18-19
18	71	75	67	D	1	19-20
19	30	43	33	D	5	81-87
20	89	100	33	E	5	51-63
21	81	81	100	D	5	82
22	48	62	33	D	4	73-75
23	71	87	33	A	1	27-32
24	48	56	67	D	1	27-28, 31-32
25	48	68	67	B	4	72-77
26	50	75	100	B	3	67-70
27	59	68	33	E	2	58-60
28	44	59	100	E	2	55-61
29	37	67	33	A	2,6	27-32, 92
30	16	36	100	C	2	53-60

[1]Percent of examinees responding correctly
[2]Percent of examinees with highest 1/6 of all scores responding correctly to the item *minus* percent of examinees with lowest 1/6 of all scores responding correctly to the item, as a posttest.
[3]Referenced to training objectives on pp. 6-8 of Trainer's Manual

Had the field test participants taken a test consisting only of the items in the final versions of the instrument, their scores would have been as shown in Table 5. Table 5 will give the trainer some idea of what to expect from any group of trainees likely to be taking the course, as well as some idea of how much of a learning gain to expect, as measured by the tests. It also suggests how little difference there is between the alternate forms of the tests.

Table 5

PREDICTED PRETEST AND POSTTEST SCORES OF FORMS A AND B
(final versions)

	Form A	Form B
Pretest	53.97%	55.17%
Means	16.19 points	16.55 points
Posttest	70.53%	70.50%
Means	21.16 points	21.15 points

Instructions for Test Administration

Either Form A *or* Form B may be used as a pretest, and the alternate form as a posttest. It is best *not* to use both tests and switch groups as was done in developing the test, as that procedure risks test security. When administering the pretest, inquiries about test items should not be answered. It should be explained that the course will provide the answers in a way that will enable participants to understand *what* is correct, and, more importantly, *why* it is correct.

After posttesting, feel free to discuss any and all items on either the pretest or the posttest. To help you to do this, Tables 4A and 4B present important information about each item. The last four columns are perhaps the most important for such follow-up discussions. They indicate the correct answer, the course objective addressed by each question, which of the three levels of knowledge is being measured, and specific page references where the answer can be found in the Trainee's Manual. The first four columns indicate the item number, its expected difficulty when used as a pretest, its expected difficulty when used as a posttest, and the extent to which it discriminated between "good" and "poor" students.

Participant Opinionnaires

The sample Participant Opinionnaires that follow may be adapted for use at the end of each session or modified as a feedback form for the entire course. The samples are provided only for Sessions 1, 2 and 7. Forms for the other sessions may follow the same format.

These instruments may be used in addition to the pre- and posttests, but will not substitute for the tests. That is, subjective assessments by trainees will not replace objective tests as an evaluative measure of trainee performance. The instruments, however, do provide at least two additional types of information: (1) The Likert-type scale (1 through 5) provides a quantitative measure of trainee reactions to various aspects of the course; and (2) the comments section provides the trainer with feedback with which he may want to make mid-course adjustments. Additionally, it provides the trainee with an opportunity to express his feelings about the impact of training on him.

PARTICIPANT OPIONIONNAIRE

Session 1

DIRECTIONS: *Using the 1-5 rating scale provided, would you please rate this section for the variables requested by drawing a circle around one number from 1-5. (*1 *or* poor *is the lowest rating, while* 5 *or* excellent *is the highest rating.)*

	The "4Rs": An Overview of the Assessment Interviewing Guide	Interviewing Skills An Overview
	Poor Excellent	Poor Excellent
a. Achievement of its objectives.	1 2 3 4 5	1 2 3 4 5
b. New learning skills received.	1 2 3 4 5	1 2 3 4 5
c. Usefulness and or relevance to your work situation.	1 2 3 4 5	1 2 3 4 5
d. Appropriateness of level of language used.	1 2 3 4 5	1 2 3 4 5
e. Logic and sequence of training activities and materials.	1 2 3 4 5	1 2 3 4 5
f. Interest level of training activities and materials.	1 2 3 4 5	1 2 3 4 5
g. Clarity with which training activities and materials were presented.	1 2 3 4 5	1 2 3 4 5

COMMENTS:

1. What I liked the most--

2. What I liked the least--

PARTICIPANT OPIONIONNAIRE

Session 2

DIRECTIONS: *Using the 1-5 rating scale provided, would you please rate this section for the variables requested by drawing a circle around one number from 1-5. (1 or* poor *is the lowest rating, while 5 or* excellent *is the highest rating.)*

	Mini-lectures: (1) Readiness and (2) Introducing the Interview to the Client	Videotape Demonstration and Discussion	Small Group Practice
	Poor Excellent	Poor Excellent	Poor Excellent
a. Achievement of its objectives.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
b. New learning skills received.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
c. Usefulness and or relevance to your work situation.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
d. Appropriateness of level of language used.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
e. Logic and sequence of training activities and materials.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
f. Interest level of training activities and materials.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
g. Clarity with which training activities and materials were presented.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

COMMENTS:

1. What I liked the most--

2. What I liked the least--

PARTICIPANT OPIONIONNAIRE

Session 7

DIRECTIONS: *Using the 1-5 rating scale provided, would you please rate this section for the variables requested by drawing a circle around one number from 1-5. (1 or* poor *is the lowest rating, while 5 or* excellent *is the highest rating.)*

		Confidentiality					Psychometric Testing				
		Poor				Excellent	Poor				Excellent
a.	Achievement of its objectives.	1	2	3	4	5	1	2	3	4	5
b.	New learning skills received.	1	2	3	4	5	1	2	3	4	5
c.	Usefulness and or relevance to your work situation.	1	2	3	4	5	1	2	3	4	5
d.	Appropriateness of level of language used.	1	2	3	4	5	1	2	3	4	5
e.	Logic and sequence of training activities and materials.	1	2	3	4	5	1	2	3	4	5
f.	Interest level of training activities and materials.	1	2	3	4	5	1	2	3	4	5
g.	Clarity with which training activities and materials were presented.	1	2	3	4	5	1	2	3	4	5

COMMENTS:

1. What I liked the most--

2. What I liked the least--

Assessment Interviewing for Treatment Planning

TEST FORM A

Detach This Answer Sheet From The Test

Name _____ Date_____

Instructions

The first six items are True/False questions. Record your answer on the answer sheet by circling the letter T *for True or* F *for False.*

The next section has subsets of multiple choice items. Each subset has instructions; in each instance, circle the letter representing the BEST ANSWER.

If you should make a mistake or wish to change your answer, completely erase *the undesired response. Please answer every item.*

Thank You. Now begin.

Circle Your Answer

	True	False
1.	T	F
2.	T	F
3.	T	F
4.	T	F
5.	T	F
6.	T	F

Multiple-Choice Items

7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D E
23.	A	B	C	D E
24.	A	B	C	D E
25.	A	B	C	D E
26.	A	B	C	D E
27.	A	B	C	D E
28.	A	B	C	D E
29.	A	B	C	D E
30.	A	B	C	D E

TEST FORM A

True/False Items

On the answer sheet, circle the best answer to the following questions:

(T)*rue or* **(F)***alse*

1. A client's ability to accept and to return friendship is a positive resource in his drug abuse treatment.
2. An assessment of rationality is important during treatment but readiness is fundamental for treatment to begin.
3. All interview situations are biased; however, sound interview principles reduce error.
4. Separation anxiety for drug abusers is the feeling experienced when they traverse from a "high" to a "low" after having had a "hit."

Instructions: Read the following excerpt carefully. *Consider your total function as a* counselor *to answer the question posed concerning the following situation. Indicate your answer as before, circling the T or the F for true or false.*

During an interview, Mark says to his interviewer, *"I guess I have too many expectations about this program. I guess they may even be a little unfair or I might have misinterpreted your commitment to me . . . ."*

The interviewer says to Mark, *"Ummm, so you think you have unfair expectations and may have misinterpreted my commitment. What are some of the expectations you're wondering about?"*

5. This is essential information that should be clarified.
6. This type of question is defined as an indirect question.

Multiple Choice Items

Listed below are the names or abbreviations for some of the tests used in drug abuse treatment programs. Identify the category in which these tests are primarily used. Record your decision by circling the letter representing that category. For example, Work Sample Test *is a vocational test. The letter* D *would be circled because it represents that category.*

Category

A = Objective Personality Inventory Tests

B = Projective Personality Inventory Tests

C = Intelligence Tests

D = Vocational Tests

Specific Tests Used in Programs

7. ACL
8. Bender-Gestalt
9. California Personality Inventory
10. Differential Aptitude Test
11. MMPI

Listed below are questions to which an interviewer seeks answers. Each of these questions is intended to assess a client's strengths or weaknesses in the areas of Readiness, Relationships, Rationality, and Resources. For each question, circle the letter representing the area into which it inquires. For example, Is the client broke? *is a question about the client's financial resources. Therefore, the letter* D *would be circled if this question were listed.*

A = Readiness

B = Relationships

C = Rationality

D = Resources

12. Can the client control strong feelings?
13. Can the client get to treatment, job, or etc. . . . ?
14. Does the client have any current or pending legal problems other than a drug related arrest (civil or criminal)?
15. Does the client have any medical or dental problems that require attention?
16. Has the client had previous drug treatment experience?
17. How does the client spend his leisure time, relax, or have fun?
18. How far has the client gone in school?
19. What brought the client to this program?
20. What brought the client to treatment?
21. What is the home like for the client?

Circle one answer (A-E) for each of the following questions (22-27).

22. During an interview, Davette presented her counselor with a situation involving Mrs. Hicks. The counselor then asked Davette what she would do or feel if she were Mrs. Hicks. Which type questioning technique was the counselor using?

    A. The closed question

    B. The open-ended question

    C. The probing question

    D. The projective question

    E. None of the above

23. Individualized treatment plans are required in order for drug abuse treatment programs to meet

    A. City funding criteria

    B. Federal funding criteria

    C. Federal and city funding regulations

    D. Foundation funding rules

    E. Third party payment requirements

24. Information gathered during the first meeting with a client is put, *initially*, into the

    A. Case history report

    B. Interview notes record

    C. Personal record

    D. Referral report

    E. Treatment plan

25. The purpose of treatment planning is to identify

    A. The counselor's role in treatment planning

    B. The personnel recommendation for treatment planning boards

    C. The persons recommended for treatment planning

    D. All of the above

    E. None of the above

26. Which of the following (if any) is irrelevant information in reporting an assessment interview?

    A. Rationality of the client

    B. Readiness of the client

    C. Resources of the client

    D. Rights of the client

    E. None of the above

27. Which of the following is the most subject to review?

A. The case history

B. General data

C. Referral data report

D. Situational data report

E. The treatment plan

Instructions: Read the following excerpt carefully *to answer questions 28-30.*

You are in the process of interviewing a female client who came into this interview session quite elated. However, after a period of time, she has become quite reserved and unresponsive to your inquiries. You make an emphathetic response and ask her to share her present feelings with you.

She finally responds with the following outburst . . . *"I can't take any more of this. I must protect myself . . . can't open too much or I'll be too vulnerable . . . too many expectations—too many unfair expectations . . . misinterpreted your commitment, make my commitment—but what does it mean to you? I guess I am walking around in a state of shock. Felt there was someone who knew—understood—could count on, but the bridge collapsed when I tried to cross it. Guess one must make her own bridges and not count on others. Who says no man is an island . . . I am an island and the bridge is gone . . . . "*

28. After the client has regained her composure, the interviewer's questioning should be extensive in which of the following areas?

A. Rationality and Relationships

B. Rationality and Resources

C. Readiness and Relationships

D. Readiness and Resources

E. Rationality, Readiness, Resources and Relationships

29. The content of this client's outburst reflects which of the following symptoms?

A. Anxiety

B. Autism

C. Manic-depression

D. Paranoid schizophrenia

E. Stuporous catatonia

30. While interviewing this client who has had *negative* interviewing experiences, it is most important to avoid:

A. Apologizing while doing the interview

B. Direct questioning of the client

C. Probing the client's past history

D. Showing a need for the client's cooperation in making the interview progress smoothly

E. Suggestions that the client see you as a friend

Assessment Interviewing for Treatment Planning

TEST FORM B

Detach This Answer Sheet From The Test

Name _____ Date _____

Instructions

The first five items are True/False questions. Record your answer on the answer sheet by circling the letter T *for True or* F *for False.*

The next section has subsets of multiple-choice items. Each subset has instructions; in each instance, circle the letter representing the BEST ANSWER.

If you should make a mistake or wish to change your answer, completely erase *the undesired response. Please answer every item.*

Thank you. Now begin.

Circle Your Answer

	True	False
1.	T	F
2.	T	F
3.	T	F
4.	T	F
5.	T	F

Multiple-Choice Items

6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D E
20.	A	B	C	D E
21.	A	B	C	D E
22.	A	B	C	D E
23.	A	B	C	D E
	A	B	C	D E
25.	A	B	C	D E
26.	A	B	C	D E
27.	A	B	C	D E
28.	A	B	C	D E
29.	A	B	C	D E
30.	A	B	C	D E

Assessment Interviewing for Treatment Planning

TEST FORM B

True/False Items

On the answer sheet, circle the best answer to the following questions:

(T)*rue or* **(F)***alse*

1. A rewarding "hustling" behavior, once identified, is determined to be a positive resource if utilized for treatment purposes.
2. Client readiness is essential for treatment to be effective. This is a fundamental assumption of the treatment planning board.
3. Evidence suggests that suicidal individuals tend to be relieved when the subject of suicide is broached in a direct fashion.
4. Separation anxiety occurs when a person breaks an important relationship.

Instructions: Read the following excerpt carefully. *Consider your total function as a* counselor *to answer the questions posed concerning the following situation. Indicate your answer as before, circling the T or the F for true or false.*

During an interview, Mark says to his interviewer, *"I guess I have too many expectations about this program. I guess they may even be a little unfair or I might have misinterpreted your commitment to me . . . ."*

The interviewer says to Mark, *"Ummm, so you think you have unfair expectations and may have misinterpreted my commitment. What are some of the expectations you're wondering about?"*

5. *This type of question reflects a sound interview strategy.*

Multiple Choice Items

Listed below are the names or abbreviations for some of the tests used in client assessment. Identify the category in which each test may be placed. Record your decision by circling the letter representing that category. For example, a Work Sample Test *is a vocational test. The letter* D *would be circled because it represents that category.*

Categories of Tests

A = Objective Personality Inventory Tests

B = Projective Personality Inventory Tests

C = Intelligence Tests

D = Vocational Tests

Specific Tests Used in Programs

6. Adjective Check List
7. Edwards Schedule Preference
8. Kuder Occupational Interest Survey
9. TAT
10. SVIB

Listed below are questions to which an interviewer seeks answers. Each of these questions is intended to assess a client's strengths or weaknesses in the areas of Readiness, Relationships, Rationality, and Resources. For each question, circle the letter representing the area into which it inquires. For example, Is the client broke? *is a question about the client's financial resources. Therefore, the letter* D *would be circled if this question were listed.*

A = Readiness

B = Relationships

C = Rationality

D = Resources

11. Can the client control strong feelings?
12. Does the client have any current or pending legal problems (civil or criminal)?
13. Does the client have any potential for violence?
14. Has the client had previous drug treatment experience?
15. How does the client spend his leisure time, relax, or have fun?
16. What brought the client to treatment?
17. What is the home like for the client?
18. What is/was the institution like for the client—if raised in an institution?

Circle one answer (A-E) for each of the following questions (19-26).

19. Determining that a client's *written consent to release form* becomes a part of his file is the professional responsibility of the

    A. Counselor and the legal officer

    B. Project manager and the counselor

    C. Project manager and the records manager

    D. Records manager and the counselor

    E. Records manager and the legal officer

20. During the focused interview, the interviewer must do which of the following?

    A. Conduct himself ethically

    B. Maintain the communication flow

    C. Observe and listen well

    D. Attend to things that frustrate the client

    E. All of the above

21. Federal confidentiality regulations apply to information about a client's

    A. Attendance status

    B. Mental status

    C. Physical status

    D. All of the above

    E. None of the above

22. Recording information for review by the treatment planning board requires that the counselor be best at

    A. Denoting

    B. Improvising

    C. Paraphrasing

    D. Summarizing

    E. None of the above

23. What is the most important reason for requiring the assessment interviewer to have knowledge of schizophrenic symptomatology?

    A. It is a functional psychosis sometimes encountered during drug abuse treatment and may require further psychiatric assessment

    B. It is easy to distinguish between schizophrenic behavior and other situations such as amphetamine or LSD reactions

    C. It is easy to recognize the pure form of the four types of schizophrenia when a person is undergoing drug abuse treatment

    D. It is the most difficult psychosis to cure during drug abuse treatment

    E. All of the above are equally important

24. Which of the following is characterized as a thought disorder?

A. Involutional depression

B. Manic-depression

C. Endogenous depression

D. Schizophrenia

E. None of the above

25. Which of the following is *not* a reason for developing an individualized treatment

A. It contains a statement of short- and long-term goals

B. It is required by city ordinance

C. It is required by Federal funding criteria

D. Program effectiveness is improved

E. The counselor's views and decisions may be supported

26. Which of the following statements about the case history is *false?*

A. It enhances program effectiveness

B. It contains long- and short-term goals

C. It provides indicators for treatment

D. It reflects the family constellation

E. It is a basis for treatment planning

Instructions: Read the following excerpt carefully *to answer questions 27-30.*

You are in the process of interviewing a female client who came into this interview session quite elated. However, after a period of time, she has become quite reserved and unresponsive to your inquiries. You make an empathetic response and ask her to share her present feelings with you.

She finally responds with the following outburst . . . *"I can't take any more of this. I must protect myself . . . can't open too much or I'll be too vulnerable . . . too many expectations— too many unfair expectations . . . misinterpreted your commitment, make my commitment—but what does it mean to you? I guess I am walking around in a state of shock. Felt there was someone who knew—understood—could count on, but the bridge collapsed when I tried to cross it. Guess one must make her own bridges and not count on others. Who says no man is an island . . . I am an island and the bridge is gone . . . ."*

27. Which of the following in this situation is an *incorrect* interview technique.

A. A paraphrasing of what the client has said

B. A restatement of the client's disclosure

C. A summarization of what the client has said

D. An extended period of silence to permit client reflection

E. None of the above

28. Which of the following responses exhibits sound interview response principles?

    A. "I see what you mean, but there are others who are in the same type of situation as you who don't begin taking drugs. Now, tell me more about your problem."

    B. "I see what you mean, but the situation really isn't so bad if you can work it out in a manner less harmful to yourself. Now, tell me more about your situation."

    C. "I see what you mean, but the situation really isn't so bad. Maybe I can work it out for you. Now tell me more about the situation."

    D. All of the above

    E. None of the above

29. Which of the following tests should be used with this client in light of this situation?

    A. CPI

    B. Differential Aptitude Test

    C. Kuder Personal Preference Record

    D. Stanford-Binet

    E. WAIS

30. While interviewing this client, the area in which you were probing became extremely painful to the client. To further elicit information in this area the best questioning technique is to use:

    A. Closed questions

    B. Open-ended questions

    C. Projective questions

    D. Silent questions

    E. None of the above

ANSWER KEYS

Form A

	True	False
1.	●	F
2.	●	F
3.	●	F
4.		●
5.	●	F
6.	T	●

Multiple-Choice Items

7.	●	B	C	D
8.	A	●	C	D
9.	●	B	C	D
10.	A	B	C	●
11.	●	B	C	D

12.	A	B	●	D	
13.	A	B	C	●	
14.	A	B	C	●	
15.	A	B	C	●	
16.	●	B	C	D	
17.	A	B	C	●	
18.	A	B	C	●	
19.	●	B	C	D	
20.	●	B	C	D	
21.	A	●	C	D	
22.	A	B	C	●	E
23.	A	●	C	D	E
24.	A	●	C	D	E
25.	A	B	C	D	●
26.	A	B	C	●	E
27.	A	B	C	D	●
28.	A	B	C	D	E
29.	A	B	C	D	E
30.	A	B	C	D	E

Form B

	True	False
1.	●	F
2.	T	●
3.	●	F
4.	●	F
5.	●	F

Multiple-Choice Items

6.	●	B	C	D
7.	●	B	C	D
8.	A	B	C	●
9.	A	●	C	D
10.	A	B	C	●

Multiple-Choice Items

11.	A	B	●	D	
12.	A	B	C	●	
13.	A	B	●	D	
14.	●	B	C	D	
15.	A	B	C	●	
16.	●	B	C	D	
17.	A	●	C	D	
18.	A	●	C	D	
19.	A	B	C	●	E
20.	A	B	C	D	●
21.	A	B	C	●	E
22.	A	B	C	●	E
23.	●	B	C	D	E
24.	A	B	C	●	E
25.	A	●	C	D	E
26.	A	●	C	D	E
27.	A	B	C	D	●
28.	A	B	C	D	●
29.	●	B	C	D	E
30.	A	B	●	D	E

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PROCESS OBSERVATION FEEDBACK FORM I

Introducing the Interview and Client Readiness

Date _____

Observer _____

Interviewer _____

Did the interviewer:

	Yes	No	N/A*
1. Greet the client by name?			
2. Introduce himself?			
3. Set the tone for the interview?			
4. State the purpose of the interview?			
5. Discuss confidentiality?			
6. Set expectations?			
7. Clarify roles?			
8. Listen and observe well?			

Comments:

9. Structure the interview around Readiness.

   Comments:

10. Inquire about at least two subareas within the Readiness section.

    Sample questions asked: Comment on each:

    a. a.

    b. b.

    c. c.

11. Ask questions not related to Readiness.

    Examples:

    a.

    b.

This process observation feedback form is designed to be used as the basis for your verbal feedback to the interviewer. Wherever examples or comments are requested, cite behaviors that you observed, *e.g., specific questions or responses by the interviewer, actions the interviewer took.*

*N/A = not applicable

PROCESS OBSERVATION FEEDBACK FORM II

Developing the Interview and Client Relationships

Date _____
Observer _____
Interviewer _____

Overall Ratings

1. Acceptance - effect of question or response on interviewer - client relationship

1	2	3	4	5
Rejects Client or Response		Neutral-neither accepts/rejects		Supports and Accepts Client

Examples:
a.

b.

2. Bias - content or direction of interviewer's responses or question

1	2	3	4	5
Biased (tends to lead)				Unbiased (does not tend to lead)

Examples:
a.

b.

3. Relevance - relevance of question or response to Relationships

1	2	3	4	5
Tends to lead away from Relationships				Tends to direct toward Relationships

Examples:
a.

b.

Listening		For Example:
a.	Were interview responses pertinent to client's statements?	a.
b.	Did the interviewer interrupt the respondent?	b.
c.	Were there examples where the interviewer responded accurately to "unspoken" statements, nonverbal cues, etc.?	c.

Questioning		
a.	Were questions specific?	a.
b.	Were questions manageable?	b.
c.	Were errors made in asking questions, e.g., leading questions, double questions, multiple choice questions, lengthy questions, etc.? (list most common errors)	c.

This process observation feedback form is designed to be used as the basis for your verbal feedback to the interviewer. Wherever examples or comments are requested, cite behaviors that you observed, *e.g., specific questions or responses by the interviewer, actions the interviewer took.*

PROCESS OBSERVATION FEEDBACK FORM III

The Interviewer: A Closer Look and Client Rationality

Date _____
Observer _____
Interviewer _____

Overall Ratings

1. Acceptance - effect of question or response on interviewer - client relationship

1	2	3	4	5
Rejects Client or Response		Neutral-neither accepts/rejects		Supports and Accepts Client

Examples:
a.

b.

2. Bias - content or direction of interviewer's responses or question

1	2	3	4	5
Biased (tends to lead)				Unbiased (does not tend to lead)

Examples:
a.

b.

3. Relevance - relevance of question or response to Rationality

1	2	3	4	5
Tends to lead away from Rationality				Tends to direct toward Rationality

Examples:
a.

b.

Interviewer Feelings and Attitudes

a. What feelings or attitudes were raised in the interview?
Examples:
1.
2.

b. How did interviewer deal with his feelings or attitudes?
Examples:
1.
2.

c. What did interviewer do that seemed effective?
Examples:
1.
2.

d. What did interviewer do (or not do) that did *not* seem effective?
Examples:
1.
2.

This process observation feedback form is designed to be used as the basis for your verbal feedback to the interviewer. Wherever examples or comments are requested, cite behaviors that you observed, *e.g., specific questions or responses by the interviewer, actions the interviewer took.*

PROCESS OBSERVATION FEEDBACK FORM IV

Terminating the Interview and Client Resources

Date _____
Observer _____
Interviewer _____

Overall Ratings

1. Acceptance - effect of question or response on interviewer - client relationship

1	2	3	4	5
Rejects Client or Response		Neutral-neither accepts/rejects		Supports and Accepts Client

Examples:
a.

b.

2. Bias - content or direction of interviewer's responses or question

1	2	3	4	5
Biased (tends to lead)				Unbiased (does not tend to lead)

Examples:
a.

b.

3. Relevance - relevance of question or response to Resources

1	2	3	4	5
Tends to lead away from Resources				Tends to direct toward Resources

Examples:
a.

b.

Termination

	Yes	No	N/A
a. Did both parties seem to carry something away from the interview?			
b. Was it explicitly stated?			
c. Did the interviewer review the interview?			
d. Was there an opportunity for client to ask questions?			
e. Was there opportunity for the client to make a final statement?			

Examples & Comments:

This process observation feedback is designed to be used as the basis for your verbal feedback to the interviewer. Wherever examples or comments are requested, cite behaviors that you observed, *e.g., specific questions or responses by the interviewer, actions the interviewer took.*

CLIENT SKETCH: ANN

Factual Data

Female, early 20's. Youngest of three children with two older brothers. Father left—"no reason." Mother remarried, no children by second marriage. Stepfather is alcoholic.

Living at home. Older brothers living in other cities. Not close to brothers. Mother works as beautician, stepfather works construction (sporadically).

Used to be close to mother, but resents second marriage. Does not like stepfather at all. Home situation requires housework to be done by Ms. A. since mother works long hours. Stepfather is sloppy, at home frequently but does not help.

Ms. A. got into drugs about time of mother's remarriage (2 years ago). Was then working as waitress. Friends were other waitresses. Male relationships sporadic—usually met men through work. Closest friend is four years older, a waitress, very popular with men.

Drug of choice: barbiturates, sometimes marijuana

Client Dynamics

General approach: Appears hard on outside, "so-what" attitude, somewhat of a loner.

Undercurrents: Distrustful and afraid of getting into close relationships, afraid of losing closeness as happened with mother, father. Feels sexual approaches from stepfather—is scared of him, especially when drunk. Avoids being at home alone when he is there. Wants to move out of house but cannot afford to and feels pressure from mother to stay.

Client avoids talk of family problems—counselor should probe to try to help client be more open about her family.

Handout
Session 3
(for interviewer)

CLIENT SKETCH

Intake Information Summary

Client *Ann* Age *early 20's*

Living Situation *with mother and stepfather, youngest of 3 children (older brothers out of house)*

Marital Status *single*

Dependents *none*

Employment *waitress*

Drug of Choice *barbiturates*

Length of Use *2 years*

Other Drug Use *marijuana*

Miscellaneous:

Voluntary admission to program
No arrest record

CLIENT SKETCH: BILL

Factual Data

Male, 30's, divorced, living alone. Wife left while he was in prison for armed robbery. Divorced for three years. Ex-wife and child living with wife's parents in another state.

Parents unknown. Raised in foster home. One foster brother three years older, successful insurance salesman, does not see him. Have never been close.

Using drugs for eight years. Closest friends also use. Street life. Longest job held in last three years was six months at factory. No special training. Would like to be a mechanic—be around cars and motorcycles.

Present girifriend also in program. Mr. B. decided to come because he was jealous of other men she might be meeting. Would like to live with girlfriend, but she says no.

Drug of choice: heroin, also alcohol and occasional marijuana

Client Dynamics

General approach: *I'm okay but the world doesn't understand me—lots of bad breaks. I'm not responsible.*

Undercurrents: Girlfriend troubles—would like girlfriend to pay more attention, feeling inadequate. Gets mad and seeks other women. Relationship deterorating. Foster father sold cars. Would like to ask him for help but foster parents are disappointed and rejecting since drug use started.

Hand out
Session 3
(for interviewer)

CLIENT SKETCH

Intake Information Summary

Client *Bill* Age *late 20's-early 30's*

Living Situation *alone*

Marital Status *divorced (three years ago)*

Dependents *child, lives with ex-wife*

Employment *longest job held in last three years was six months at factory*

Drug of Choice *heroin*

Length of Use *eight years*

Other Drug Use *alcohol, occasional barbiturates*

Miscellaneous:

Arrest Record: prison, armed robbery, 3 years ago
(Raised in foster home, parents unknown, one older brother)
Voluntary admission to program

CLIENT SKETCH: CAROL

Factual Data

Female, late 20's, six brothers and sisters, mother dead. Father living with eldest sister. Ms. C. living with boyfriend for last year.

Ms. C. and boyfriend started using drugs together. Boyfriend works odd jobs, Ms. C. often turns tricks for extra money when needed. Was busted once for prostitution (six months ago).

Ms. C. severed relationships with family. Would like to reconnect without their knowing about drug history. Would like to marry boyfriend.

Boyfriend prone to violence. Ms. C. turned him into police once when she got mad.

Drug of choice: heroin, other use includes downers

Client Dynamics

Undercurrent: Entered program to get clean because thinks getting pregnant will cause boyfriend to marry her.

Handout
Session 3
(for interviewer)

CLIENT SKETCH

Intake Information Summary

Client *Carol* Age *late 20's*

Living Situation *with boyfriend for last year*

Marital Satus *single*

Dependents *none*

Employment *not working, busted once for prostitution (six months ago)*

Drug of Choice *heroin*

Length of Use *2 years*

Other Drug Use *downers*

Miscellaneous:
Voluntary admission to program
(six brothers and sisters, mother dead, father living with eldest sister)

CLIENT SKETCH: DONALD

Factual Data

Male, mid-30's, never married, no children. Long but sporadic drug use history. Lives alone.

Mr. D. has no close relationships. Likes animals, particularly cats.

Talks a lot about military experience. Liked shooting guns, playing war games. Prone to get into fights easily—especially if angry.

Talks about having been in the hospital in military because of strain of personal relationships. Got very "tired." Doctors wanted to talk to him a lot instead of giving medicine to make him "better."

Fired from numerous jobs for disruptive behavior. Expelled from school for same behavior.

Drug of choice: amphetamines, alcohol

Client Dynamics

Undercurrents: Tendency to fight wiht interviewer should show through. Distrustful. Interviewer will probably feel somewhat threatened by this client.

Interviewer should get some sense of need for psychiatric referral; use of drugs to help control behavior.

Handout
Session 3
(for interviewer)

CLIENT SKETCH

Intake Information Summary

Client *Donald* Age *mid 30's*

Living Situation *alone*

Marital Status *single, never married*

Dependents *none*

Employment *military experience, currently unemployed, fired from numerous other jobs*

Drug of Choice *amphetamines, alcohol*

Length of Use *10 years, sporadic use*

Other Drug Use *tranquilizers*

Miscellaneous:

No arrest record. Expelled from school.
In hospital in military for "fatigue."

CLIENT SKETCH: ELLEN

Factual Data

Female, early 20's (age could vary), never married, no children, one abortion.

Has secretarial skills. Worked for city in office for awhile but did not stay. Stated that work was too heavy, and also boring. Office was in secretarial pool. Only women to interact with.

Few close relationships with women. Likes men, likes to date a lot, no steady relationship. Wants to be taken care of. Often feels alone. Was only child. Does not want parent to know she is in program.

Drug of choice: barbiturates, tranquilizers

Client Dynamics

General approach: Seductive, uses body, smiles, etc., to "hook" people. Soulful puppy dog.

Undercurrents: Desperate to connect with people. Feels helpless, worthless.

Some tendency toward suicide hinted, based on disapproving parents. Life out of control; men not staying around.

Interviewer should be feeling that client is trying to please.

Handout
Session 3
(for interviewer)

CLIENT SKETCH

Intake Information Summary

Client *Ellen* Age *early 20's*

Living Situation *lives alone*

Marital Status *single, never married*

Dependents *none*

Employment *formerly secretary; quit job*

Drug of Choice *barbiturates*

Length of Use *3 years*

Other Drug Use *tranquilizers, alcohol, general experimentation*

Miscellaneous:

Voluntary admission to program
(Parents living in same city)

CLIENT SKETCH: FRANK

Factual Data

Male, late 40's. Long history of drug use and alcoholism. Married, 2 children. Third child by another woman he had an affair with. Wife does not know.

On welfare. Started to take GED but quit. Wife does not work. Not other vocational skills. All agencies in town have been approached by this client.

Wants to be a writer. Says needs "free time to be creative." Hangs out on streets to get "material."

Arrested numerous times for breaking and entering and larceny. Used religious affiliation as a way of getting to go to special meetings in prisons but not sincere in this area.

Claims other woman supports his writing. Wife does not. Wants program to help him in that area.

Drug of choice: psychedelics

Client Dynamics

General approach: *I could be a great writer. Going to school, working takes up valuable time.* "Talent" should be supported by society. Great con.

Undercurrents. Not really capable of writing. Wants permission and support from counselor to be a writer.

Handout
Session 3
(for interviewer)

CLIENT SKETCH

Intake Information Summary

Client *Frank* Age *late 40's*

Living Situation *apartment, with wife*

Marital Status *married*

Dependents *2 children*

Employment *on welfare, wants to be a writer*

Drug of Choice *psychedelics, alcohol*

Length of Use *10 years*

Other Drug Use *has experimented with everything*

Miscellaneous:

Arrest Record: Numerous times for breaking and entering
On parole, parole officer wants him in program

CLIENT SKETCH: GLORIA

Factual Data

Female, early 30's, married (second time). One child 10 years old by previous husband, two children, 4 and 2 years old, by present marriage.

Had one year of college. Quit to get married. Parents are wealthy. First husband poor—into drugs. Present husband, same. She experimented with drugs for about two years in between husbands, but began serious habit with second husband.

Gets money from parents. They don't know about drugs, but haven't approved of either husband.

Fairly intelligent. Before her first marriage, though, she wanted to be a teacher. Likes children. Conflict with husband because she wanted to go back to school. He needed money for drugs.

Works as volunteer in day-care center sporadically. Husband works sporadically. Tells parents he has "medical problem." No alimony from first husband—doesn't know where he is.

Drug of choice: heroin

Client Dynamics

General approach: Honest, ready to try to quit drugs. Pressure from husband to stay in scene.

Undercurrents: Considering divorce again. Doesn't know how to cope with kids and go back to school or get good job.

Handout
Session 3
(for interviewer)

CLIENT SKETCH

Intake Information Summary

Client *Gloria* Age *early 30's*

Living Situation *with husband and 3 children (10, 4, 2 years)*

Marital Status *divorced/remarried (10 year old by previous marriage)*

Dependents *3 kids*

Employment *1 year of college, 12 years ago. Sporadically volunteers in day-care center*

Drug of Choice *heroin*

Length of Use *5 years*

Other Drug Use *all but psychedelics occasionally*

Miscellaneous:

Voluntary admission.
No arrest record.

Sample Case History

CASE HISTORY OUTLINE

Counselor (Interviewer's) Name *Betty* Date *10/9/75*

I. Identifying Data

Client's Name *Pam* Client No. *111-22-3131*

Alias(es) or Nicknames *none*

Home Address *1901 North Moore Street, #7*

City *Rosslyn* State *Virginia*

Phone *524-3400*

Date of Birth *8/4/53* Age *22* Sex *F*

Ethnicity *Wht* Marital Status *Single, never married*

Dependents *1, Christine* Relationship *Daughter, age 3, b. 6/2/72*

Current Employment *none*

II. Readiness

Facts:

Pam's presence in the program is a result of being busted for possession of herion. Treatment is a condition of her probation. She has never been in treatment before, and she said she would not be here now if it were not for the threat of jail. Pam has made two attempts to stop using drugs before, once with help from friends when pregnant (3 years ago), second time on her own (1 1/2 years ago).

Pam wants and expects to take methadone as her major responsibility in the treatment process. Her contact with friends who have been in treatment reinforces her attitude that methadone is desirable.

Pam's mother is supportive of her being in treatment, although this support does not appear to be significant to Pam. Her boyfriend thinks treatment is better than jail.

Impressions:

My impression is that Pam is not highly motivated to be in treatment at this time. My guess is that most of her friends will not *be supportive of her treatment process, particularly her boyfriend. Two previous attempts to quit suggest that she may not have endurance to stay in treatment if it were not for methadone.*

(Hunch)

From the way Pam's mother talks about treatment, it is easy to understand why Pam is seeking a "cure" without any personal investment and commitment of her own.

I doubt that Pam will be much more motivated until she recognizes benefits of treatment other than regular methadone and staying out of jail.

III. Relationships

Facts:

Pam describes her relationship with her boyfriend as her closest relationship right now. This is also the longest relationship she has sustained outside of her immediate family. She has been living with him for almost a year and especially likes the fact that he has money. He is not the father of her child. The other significant relationship is with her mother. Pam lives nearby and talks to her mother or visits frequently. Tries to avoid father.

Family: Pam oldest; 3 brothers ages 20, 18, 15; one sister 17. Pam lived at home until about a year ago. She claims a happy childhood. Pam describes her father as "He's ok; he yells a lot." Doesn't talk about siblings but likes sister best. Tension in the home setting was centered around Pam's role as the mother of her child and around her parents not liking her boyfriend. Parents divorced and remarried five years ago—about same time she started using drugs.

Pam has no close female friends, nor has she ever had close girlfriends. She describes herself as liking and being popular with men. She is attracted to situations where men are involved, i.e., history class with male teacher. Sees marriage as tying her down.

Pam has never been a member of any discrete social group. She sees groups as "stupid." Her friends are mostly those of her boyfriend.

Impressions:

Most of my impressions in this area point in the direction of a number of unsuccessful experiences with relationships. First, I doubt that Pam's childhood was as happy as she wishes, given her inability or reluctance to describe it more fully when I probed that area. Second, it seems that Pam is in the middle of pressure from her parents to be a better mother to her child and pressure from her boyfriend to maintain distance from her child. I still don't know—or know if Pam knows what kind of relationship she wants with her daughter. Third, it seems that a good portion of Pam's self-image is built upon her relationships with men, yet those relationships she described—with her father, boyfriend, possibly her daughter's father—all indicate negative experiences where I would imagine she has some unspoken hostility and anger.

I am especially wary of the boyfriend's possible influence on her if he is dealing. Her attitude toward relationships: "either you got them or they got you," will be significant in treatment. She avoided being "got" by me throughout the interviews.

Seems that relationship with mother is one where Pam is seen as "darling daughter"—although it seems presently that Pam has "got" her mother. Mother is interested in treatment process.

IV. Rationality

Facts (also see Behavioral Assessment Inventory):

Do not appear to be any indications of psychosis or other pathologies. Does not appear to be a candidate for suicide. Appears to be non-violent. Impulse control seems weak. Doesn't plan well. Seems to try to act on superficial fantasies. Low-key depression most of the time. Does not appear severe, though. Avoids dealing with depression by sleeping. Does not like to get angry.

Impressions:

Pam appears street wise, with good survival skills so far, even though she has only been living on her own for about a year. She is very closed about her feelings and her life in general. Pam appears to handle her anger by sitting on it, which may not be very constructive. Although she says in some instances that she would leave a relationship if she got angry (i.e., if I lied to her), she seems to set herself up not to have to leave (with boyfriend and with father).

Pam seems to have a complex "con" system that she uses not only with others, but with herself. See comments on Behavioral Assessment Inventory.

V. Resources

Facts:

Pam is unemployed. She expresses interests in cosmetology, but Pam's report of her training in this area conflicts with her mother's report. Mother says she merely assisted in a friend's beauty shop while Pam says she graduated from Mr. Robert's. No other job training. Worked briefly as a sales clerk at Saks.

Her economic survival at this point seems to be dependent on her boyfriend and her parents. Pam drives her own car.

Pam says she graduated from high school; mother claims she did not. Records have been sent for.

Pam says she likes watching TV, buying clothes, men. She would like to travel.

Impressions:

Given the conflict between mother's story and Pam's about school I am assuming that either she did not finish or that she is afraid of something the school records might show. I think it will be difficult to identify prevocational or vocational skills and training for Pam at this point.

I am inclined to think Pam would be better off if she could begin to develop a source of income outside of her boyfriend initially, and eventually outside of her parents also.

I am also struck by her interests (clothes, TV), and descriptions of these as all being things she can do alone (with the exception of men.)

VI. Summary

Other Pertintent Data: (CODAP, Drug Use History, etc.)

Drug use: heroin, barbiturates, cocaine, illicit methadone
Heroin—last 5 years

Other Impressions:

Pam's major problems seem to center on her relationships—especially her inability to deal with her own depression and anger. If this is addressed, along with getting her more ready for treatment, I think then we can help her focus on building her resources.

VII. Information Attached:
Behavioral Assessment Inventory (Medical Record, Psychological Record, Academic Record, etc.)

Handout
Session 6

Sample Treatment Plan

TREATMENT PLANNING GUIDE

Client's Name: *Pam* Date: *10/9/75*

Client Number: *111-22-3131* AITP Counselor: *Betty*

Assigned Counselor: *Ralph*

I. **Treatment:**

Current treatment modality: *Methadone—out-patient*

Medication: *Methadone* Dosage: *25 mg*

Type and frequency of counseling: *Individual—twice per week*

Other supportive services and activities (frequency of each):

Adult Education Classes for G.E.D.—twice per week

Food stamps and other social services—as needed

Vocational and Apititude Testing—as needed

Definitions

Goals: The aims, purposes, or end products to be accomplished as a result of treatment, based upon the client needs and the program services

Tasks: The activities, actions, behaviors or steps the *client* must do or take in order to reach the goal. These are objective and observable, and become the basis upon which progress notes are written.

II. **Long-term Goals:**

Drug Free-Eventually to include methadone

Completion of high school education through G.E.D.

Vocational training

Gainful employment

III. Short-term Goals (90 days or less):

Goals	Tasks
Remain free of illicit drugs.	*Will come to program 6 times per week to pick up medication. Will provide urine specimen whenever requested. Recommend assignment to male counselor, 2 times per week for 2 weeks, then once per week until next review. Participation in sessions main indicator. Recommend co-therapy (male/female) counselors. (Consider this possibility at next review.*
Develop readiness and motivation for treatment.	
Work on relationships—family and boyfriend. Develop independence and positive self-image.	*Low-key programming and encouragement so that she will: 1) interact with others in program when she comes for Methadone; 2) participate in low-demand group activities.*
Initiation into social groups and activities.	
Explore vocational interests and skills-training opportunities.	*Will explore vocational interests with counselor and complete vocational tests to identify appropriate skills training.*
Eastablish independent resources and support.	*Identify sources of income and support services outside of boyfriend and family. Possible example: Food stamps. Pam must make contact with appropriate social service agencies.*
Begin adult education classes for G.E.D.	*Pam is to complete registration for 2 classes per week, attend classes and complete homework assignments.*

Comments (rationale for plan):

Drug-free goal is condition of probation in addition to Pam's statements regarding "getting off drugs" and program regulations. Four or five years heroin use indicates methadone-free status as long-term goal. Motivation for treatment very low—basically threat of jail. Older, mature male counselor indicated as a means to involve Pam in treatment and therefore readiness. She needs a lot of work on relationships, should focus on family, particularly mother and father. Co-therapy may be appropriate at a later date. Negative attitude towards social groups indicates counseling focus in this area and low-key social interaction at program. Her educational and vocational resources are low which keeps her dependent upon others.

Since she has little idea of vocational or educational goals for herself, acquiring these resources on her own will enable her to establish self-reliance and economic independence. Hopefully her living situation could then change in terms of family, boyfriend, daughter.

Note: NIDA Federal funding criteria require that outpatient programs review treatment plans at least once every 90 days. All other modalities (day-care and residential programs) must review at least once every 30 days.

Sample Behavioral Assessment Inventory

BEHAVIORAL ASSESSMENT INVENTORY

To be Completed by Counselor After the Assessment Interviews

Part I: Counselor Observation of the Client's Interview Behavior

Yes	No	
1. Behavior:		
X	___	Is he friendly?
___	X	Is he stoned, high or intoxicated?
___	X	Is he more unusual than most clients you have seen?
___	X	Is he hyper?
___	X	Is he inactive?
X	___	Is he alert?
___	X	Does he initiate conversation?
___	X	Do you believe him? (Is he credible?)
___	X	Is he nervous?
___	X	Does he fidget?
___	X	Does he sweat?
X	___	Is he manipulative? *Yes, seductive is one way she manipulates*
X	___	Is he seductive?
___	X	Does he direct the interview?
X	___	Is he evasive?
___	X	Is he suspicious?
___	X	Is he cooperative?
2. Thought Disorder:		
X	___	Does he make sense?
X	___	Is he thinking straight (or rationally)?
X	___	Can you follow him?
___	X	Does his attention wander?
X	___	Does he answer questions appropriately?
___	___	Is he scared?
3. Sensorium: Does the client know:		
X	___	time? *year, month, day of month, day of week*
X	___	place? *geographic location*
X	___	person? *his own name*
X	___	situation? *the interview or clinic*
X	___	Is his memory okay? *recent, remote, recall*

If all, or almost all, answers to the above are "No" further psychological evaluation may be indicated.

Part II: Counselor's Impression of the Client

Yes	No	
___	X	Did you like the client?
___	X	Does he scare you?
___	X	Is he a hustler?
X	___	Is he a nice person?
		Does he answer questions superficially or are his answers substantive? (Circle your impression.)

What can you expect of the client?

I expect Pam will continue to be evasive and relatively closed until she sees this is not to her advantage in treatment. I expect that she'll show to get medication, probably to keep appointments—but not a high level of investment or trust at this time.

Other general impressions:

Feels like she has a pretty sophisticated con game—rationalizes well—but gets caught in the different agendas she has for each person she cons.

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METHODOLOGY

Interviewing simulations, lectures, videotape (or audiotape) demonstrations, discussions, and independent readings with maximum recommended ratio of trainer to trainees of 1 to 6

MATERIALS REQUIRED

- One Trainee's Manual for each trainee
- One Trainer's Manual for each trainer
- One demonstration videotape (or audiotape)
- Tests and training forms duplicated from Trainer's Manual

EQUIPMENT

- One 1/2-inch videotape playback system (or audio cassette playback system)
- Flip chart easels and pads, markers

TRAINING TEAM REQUIREMENTS

The training team as a whole should have the following qualifications: experience in training and in counseling in drug abuse treatment programs. Counselor training and extensive preparation in mental health care are desirable. (It is not necessary that each person on the training team have all these qualifications.)

FACILITIES NEEDED

- One large-group meeting area
- Two small-group work areas

TIME REQUIREMENTS

Seven 3 1/2-hour sessions, either in one 3 1/2-day period or spread over an extended period, as appropriate to program needs